

Circle Leader Progress Report 2019

Date of this report: ____ / ____ / ____

Circle Leader ID# _____

REPORT STATUS:

____ Initial/Intake
____ 12 month

____ Class Completion/Graduation
____ 18 month

____ 6 month
____ 24 month

The major pathway for my economic stability is: ____ Employment ____ Education ____ Both
____ Other (*specify*): _____

DEMOGRAPHICS

Circle Leader Name _____

Gender: ____ Female

DOB: ____ / ____ / ____

____ Male

How do you describe your racial or ethnic background?

____ Black/African America ____ American Indian/Alaskan Native ____ Asian/Pacific Islander
____ White/Caucasian ____ Hispanic Latino/Chicano ____ Other (*specify*): _____

POVERTY STATUS

I consider myself a person who is experiencing:

____ Poverty is not a word I would use to describe my experience

____ Generational Poverty (*Two or more generations of my family have lived in poverty.*)

____ Situational Poverty (*My family's poverty is due to trigger event(s), i.e., illness, divorce, unemployment*)

A. HOUSEHOLD INCOME

For monthly and last 6 months Household Income: Include all income: gross wages, child support, pension, Social Security, etc. Do not include TANF, SNAP, financial loans, or unemployment benefits.

Household Income Type	Monthly	*Last 6 Months
First Circle Leader gross earned income	\$ _____	\$ _____
Second Circle Leader gross earned income	\$ _____	\$ _____
Other adult (s) (age 19 and above) earned income	\$ _____	\$ _____
Child support received	\$ _____	\$ _____
Social Security benefits	\$ _____	\$ _____
Military pensions or VA benefits	\$ _____	\$ _____
Any other income	\$ _____	\$ _____

TOTAL Gross Income for monthly & last 6 months \$ _____ \$ _____

*If paid by the hour, what is your hourly rate? \$ _____

*About how many hours do you work per week? _____

Amount of any Earned Income Tax Credit (EITC) last calendar year \$ _____ *If you did not apply, put 0.*

*Have you had any other income outside of this monthly income to improve your household income in the last 6 months? _____ If yes, please explain _____

*Has there been a month to month improvement over the last 6 months in your household income? _____ If yes, please explain _____

B. HOUSEHOLD COMPOSITION

For Household Composition: Please include your spouse and individuals that you claim (or would claim even if you didn't file a tax return) as dependents on your tax return.

The number of adults (age 18 and above) in my household is: _____

The number of children (under 18 years of age) in my household is: _____

The total number of people (including myself) living in my household is: _____

C. EMPLOYMENT

_____ Unemployed _____ Part-Time _____ Full-Time _____ Self-Employed

I have completed a job readiness training program: ___ Yes ___ No

I would like more info on the job readiness training program: ___ Yes ___ No

*I am satisfied with current employment status: ___ Yes ___ No

D. DEBT

Debt Type	Total Amount	Monthly Minimum Payment
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Credit cards	\$ _____	\$ _____
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Medical	\$ _____	\$ _____
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Student loans	\$ _____	\$ _____
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Auto Loans	\$ _____	\$ _____
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Other (<i>specify</i>): _____	\$ _____	\$ _____
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TOTAL Debt Amounts:	\$ _____	\$ _____
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*What is your current credit score? _____

*How often do you check your credit score? ___ Never ___ Rarely ___ Sometimes ___ Often

*Do you understand how your credit score affects your economic status? ___ Yes ___ No

*Would you like more information about credit scores and what they mean for your financial goals?
___ Yes ___ No ___ Unsure

***E. MONTHLY EXPENSES**

For each of these categories, this is for everyone that you support (**For Housing**, include mortgage payment, rent, water, electric, gas, internet access, real estate taxes & insurance.
For Transportation, include monthly car payment, estimated repairs, gas & insurance):

Expense Type	Monthly Expense
Housing	\$ _____
Transportation	\$ _____
Food	\$ _____
Childcare	\$ _____
Healthcare	\$ _____
TOTAL Monthly Expenses:	\$ _____

F. CASH ASSETS

Please put the total current amount of funds for each of the cash asset types you have below:

- Checking account(s) balance \$ _____
- Savings account(s) balance \$ _____
- Cash on hand \$ _____
- *Investments (Money Markets, Stocks, Bonds, etc....) \$ _____
- *Retirement (IRA, 501b, etc....) \$ _____
- *Education Fund \$ _____

TOTAL Cash Assets \$ _____

***Please calculate your Total Savings needed to cover 3 months of expenses:**

Total Monthly Expenses (from Section E.) multiplied by 3 = \$ _____

***Do you have 3 months of expenses in Savings?** ___ Yes ___ No

***G. PUBLIC BENEFITS**

Public Benefit Type	Monthly Amount
Food stamps (SNAP)	\$ _____
Public cash assistance (TANF)	\$ _____
Unemployment benefits	\$ _____
Other public benefits ___ (WIC, SSDI, etc.)	\$ _____
Church Assistance	\$ _____

***H. ASSISTANCE**

Did you receive or need emergency food, utility or housing assistance in the last 6 months? Yes No

If you answered yes above, did the assistance help you reach a place of economic stability? Yes No

Is there a need for assistance that still exists? Yes No

If you answered yes above, do you see this need arising again in the future? Yes No

***I. HEALTHCARE**

Do you have health insurance for yourself? Yes No

Do all of the other adults in your household have health insurance? Yes No Not Applicable

Do all of the children in your household have health insurance? Yes No Not Applicable

Do you have any unmet medical needs? Yes No

How much do you pay monthly for: Insurance \$_____ Co-Pays \$_____ Medication \$_____

J. TRANSPORTATION

Do you have a reliable means of transportation? Yes No

*Is it adequate for your household transportation needs? Yes No

*Do you have the minimum automobile insurance coverage required by Florida? Yes No

***K. FOOD**

Do you or anyone in your household go hungry? Yes No

If you answered yes above, how often? Rarely Sometimes Often

In the next 6 months, do you expect that anyone in your household will go hungry? Yes No

L. EDUCATION

*Primary Education (Pre-high school) Certification/Technical Training

Some High School Two Year Degree

Completed GED Four Year Degree

Graduated from high School Completed Some College

Master's Degree or Higher

*Received Degree from another country (_____)

M. HOUSING

*What are your monthly utility expenses? \$_____

What is your housing status? Own Rent Other

If other, please explain: _____

- *Does your home need repairs? Yes No
- *Are you current with your rent/mortgage? Yes No
- *Are you current with your utility payments? Yes No
- *Is there a threat of eviction or foreclosure in the next 3 months? Yes No
- Is your housing safe and stable/secure place to live? Yes No
- Do you receive a housing subsidy? Yes No If so, amount \$_____

Please Calculate: Monthly Housing Expense _____ ÷ Monthly Income _____ = _____

Is the above answer 33% or less? Yes No

N. SOCIAL CAPITAL

When I need emotional support, someone to talk with about important situations in my life, or in times of trouble I have the following number of people that I can turn to:

- 0 people
- 1-5 people
- >5 people
- >10 people

***Over the past 6 months, this number of people has:**

- Increased
- Decreased
- Stayed the same

This group of people includes:

- People who are similar to me or have similar life circumstances
(Bonding Social Capital)
- People who are different from me & have different life experience/expertise
(Bridging Social Capital)

CIRCLE LEADER GOALS

INSTRUCTIONS: Please list the goals that you have set for the next 6 months and indicate which Circles Success Metric each goal works towards (more than one might be applicable).* If you are still working on the same goals from the last 6 months, please list those goals.

GOAL DESCRIPTION	METRICS
<p>GOAL #1:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>GOAL #2:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>GOAL #3:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL

CIRCLE LEADER ACCOMPLISHMENTS

INSTRUCTIONS: Please list the accomplishments that you have had within the last 6 months and indicate which Circles Success Metric each accomplishment worked towards (more than one might be applicable).* If you still have the same accomplishments from the last 6 months, please list those accomplishments.

ACCOMPLISHMENT DESCRIPTION	METRICS
<p>ACCOMPLISHMENT#1:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
<p>ACCOMPLISHMENT#2:</p>	<ol style="list-style-type: none"> 1. HOUSEHOLD INCOME 2. EMPLOYMENT 3. DEBT 4. CASH ASSETS 5. PUBLIC BENEFITS 6. HEALTHCARE 7. TRANSPORTATION 8. FOOD 9. EDUCATION 10. HOUSING 11. SOCIAL CAPITAL
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