

# Welcome to the Money Matters program!



Bienvenido al programa! Добро пожаловать в программу! कार्यक्रममा स्वागत छ! مرحبا بكم في البرنامج!

**Completing this packet will enroll you in the program.** You will learn about what we do, our privacy policy, and tell us about your household, demographics, and finances.

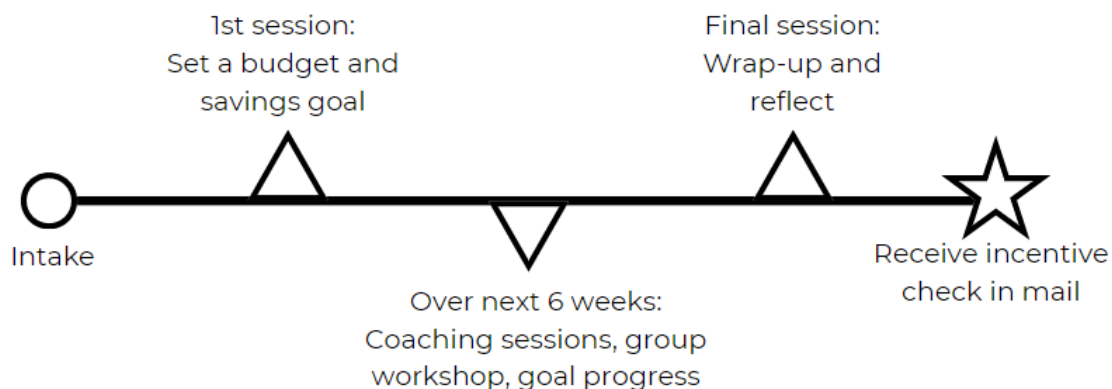
## What is financial coaching?

**Financial coaching is a one-on-one, client-led session to talk about your goals.** Coaches provide information, support, and problem solving. Sessions last an hour, and may cover topics like debt, budgeting, or credit.

We want to create a non-judgmental space. **Coaches are not experts** and we will not tell you what you should or should not do. We are here to support you with your goals! When you come to a financial coaching appointment, we become part of your financial team.

## Savings goal and incentive

At your first appointment your coach will guide you through **making a budget and setting a 6-week savings goal**. While enrolled in the program you will have access to 1:1 coaching sessions and group workshops. Each week you will send your coach documentation when you make progress on your goal. When you reach your goal, we will submit the documentation to the CAPV fiscal team who will process the payment of your **\$250 savings incentive**.



I have read the description above and understand the services available to me from Community Action's Pioneer Valley's Money Matters program

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Your signature

Print your name

Date

## Letter of Agreement

Financial Coach \_\_\_\_\_ and Client \_\_\_\_\_, please initial next to each item below to indicate agreement:

\_\_\_\_\_ Coach agrees to keep all of Client's information confidential, and to act professionally and respectfully.

\_\_\_\_\_ Client agrees to share information about their finances honestly in order to receive the best service.

\_\_\_\_\_ Coach understands that financial decisions and way of life are determined by the Client, and agrees to remain free of judgment.

\_\_\_\_\_ Both parties agree that if Client does not complete a planned action step, they will work as a team to find a better solution and take the next step together.

\_\_\_\_\_ Coach agrees to provide information, guidance and support on personal finance issues, always completely for free. Coach will not make any decisions for or take actions on Client's behalf.

\_\_\_\_\_ Client agrees to maintain full responsibility for making decisions and taking actions that affect their financial well-being. Client agrees to exercise due diligence if taking actions based on Financial Coach's guidance.

\_\_\_\_\_ Coach agrees to make the appropriate referrals when an issue is beyond the Financial Coaching program's boundaries and limitations.

\_\_\_\_\_ Client understands that Financial Coaches cannot give advice on legal matters, bankruptcy, taxes, foreclosure, investments or any other matters requiring specialized training and licensing.

\_\_\_\_\_ Both parties agree to attend scheduled appointments and cancel any scheduled appointment with at least 24 hour notice when possible.

\_\_\_\_\_ Both parties agree that if Client misses two scheduled sessions without notifying the Coach, the Client will be asked to review these agreements or lose their opportunity to participate.

## Permission to Release Information to Community Action Pioneer Valley

Community Action Pioneer Valley (CAPV) wants to offer the best possible programs and services to our community. To help us understand how our programs and services help you, we ask you to provide us with information about you and your family. Information about you and your family is personal and private and it cannot be shared without your written approval.

Your personal information can only be shared in the ways described in this form or as required or allowed by law. Please read it carefully before signing it.

Signing this form gives CAPV staff permission to share your personal information and the personal information for all members of your household that you provide information for, including children, partners, and extended family within CAPV programs and to report your personal information to funders, auditors, or evaluators as may be required. If there is a need for staff to share information about you and your family to other community organizations or service providers, you will sign a separate permission form at that time.

“Personal information” means any information that, because of a name, identifying number, mark or description can be linked with you or a member of your family.

Examples of personal information that may be shared by Community Action Pioneer Valley include:

- Biographic Information (e.g. Name, Date of Birth, Social Security Number)
- Demographic Information (e.g. Race, Ethnicity, Language)
- Program Participation and Eligibility Information
- Information about CAPV’s staff’s work and contact with you and your family (e.g., caseworker notes or meeting minutes)

### What is the purpose of collecting my personal information and how will it be used?

Your personal information, as defined above, is collected and used to:

- Determine what CAPV programs you and your family may be eligible for
- Provide better services to you and your family
- Coordinate and manage services *between programs* at CAPV
- Report to funders, auditors, monitors, evaluators, etc.

### Do I have to sign this form?

You do not have to sign this form. But, if you do not, you will not be able to receive services from the following programs: Community Resources & Advocacy, the Center for Self-Reliance Food Pantries and Money Matters. We will refer you to another organization for services.

### If I sign, can I take back my permission later?

You are free to take back or cancel your permission regarding the use and sharing of your information (and to stop participation in any program) at any time.

After you tell us that we no longer have your permission, no additional information about your family will be shared, except in cases where the law allows CAPV to continue using your information. If you remove your permission, it does not affect any information that has been shared already. If you choose to remove your permission, you must make this request in writing to the CAPV staff with whom you are working.

**Permission to Release Information:**

*By signing below, I understand that:*

- *Community Action Pioneer Valley will maintain the privacy of personal and financial information I provide about myself and my family members receiving services from Community Action Pioneer Valley*
- *Community Action Pioneer Valley may share information among its programs as necessary to provide services to me*
- *Community Action Pioneer Valley may share information as required by or upon request of government agencies and other entities that fund, regulate, audit, monitor or investigate Community Action Pioneer Valley, and as authorized or required by law, legal process, or court order*
- *For any other purpose, Community Action Pioneer Valley will ask me before sharing information and get permission from me*

*Permission to share my personal information is good for up to 1 year after the date that I sign this form.*

*I hereby certify that the information presented to Community Action Pioneer Valley staff is true and accurate to the best of my knowledge. Misleading or incomplete information may result in denial or termination of services.*

**Client Name (Please Print):** \_\_\_\_\_

**Client Signature:** \_\_\_\_\_

(parent or guardian if under 18)

**If under 18, Parent or Guardian Name:** \_\_\_\_\_

**Date:** \_\_\_\_\_

For more information about Data Privacy and Confidentiality in CAPV's CMS (CHPM) Database System, visit this link: [Data Privacy and Confidentiality in CMS \(communityaction.us\)](https://communityaction.us/Data-Privacy-and-Confidentiality-in-CMS) or scan this QR code:



Who are you?

Legal Name	
Current Name, if different	
Pronouns	
Gender	
Date of Birth	

How should we contact you?

Email	
Phone	

Where do you live?

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Street Address	Town	State	Zip Code
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What kind of housing is this?

- ☐ **Non-subsidized housing,** I pay market-rate rent or for my mortgage on my own
- ☐ **Subsidized housing,** I live in public housing or have a housing voucher
- ☐ **Doubled-up housing,** I am couch surfing or staying with family or friends
- ☐ **No housing,** I stay in a car or tent at night or don't currently have a place to stay
- ☐ **Shelter,** I am staying at a shelter for people experiencing homelessness
- ☐ **Other,** my living situation is not described by any of the other choices

Tell us about your household

- ☐ Single person
- ☐ Multigenerational household
- ☐ Single parent
- ☐ Two parent
- ☐ Non-related adults with children
- ☐ Two or more adults

**Are there other members of your household?**

Your household includes people you share finances with. This could be a **child, partner, spouse, parent, or sibling**. This does **not** include a housemate or roommate.

## What is your demographic information?

<b>What language do you speak at home?</b>			
<b>Are you disabled?</b> This is about how you identify, not whether you get SSI or SSDI.	Yes	No	
<b>What is your race?</b> Choose one of the race categories provided. We know these options may not describe you.	<input type="checkbox"/> Black/African American <input type="checkbox"/> White <input type="checkbox"/> Native American/Alaskan Native <input type="checkbox"/> Asian	<input type="checkbox"/> Native Hawaiian/Pacific Islander <input type="checkbox"/> Multi-racial/Biracial <input type="checkbox"/> Other	
<b>What is your ethnicity?</b>	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino		
<b>What is your highest level of education?</b>	<input type="checkbox"/> 0-8 <sup>th</sup> grade <input type="checkbox"/> Some high school <input type="checkbox"/> GED/HiSET <input type="checkbox"/> High school diploma <input type="checkbox"/> Some college <input type="checkbox"/> 2 or 4 year degree <input type="checkbox"/> Graduate or post-secondary		
<b>Have you ever served in the military?</b>	No	Active	Veteran
<b>Are you employed?</b>	<input type="checkbox"/> Full time <input type="checkbox"/> Part time <input type="checkbox"/> Retired <input type="checkbox"/> Migrant seasonal farmworker <input type="checkbox"/> Unemployed (under 6 months) <input type="checkbox"/> Unemployed (6+ months) <input type="checkbox"/> Not in the labor force		

### Are you getting any of these benefits?

- ☐ Child care voucher
- ☐ Fuel Assistance/LIHEAP
- ☐ SNAP
- ☐ WIC
- ☐ Affordable Care Act subsidy
- ☐ Military education support benefit

### Do you have health insurance?

- ☐ Employer provided
- ☐ Medicare
- ☐ MassHealth (Medicaid)
- ☐ Military health care
- ☐ Private health insurance

## Who are your other household members?

Use a new column for each additional member of your household

<b>Legal Name</b>			
<b>Current Name</b> , if different			
<b>Pronouns</b>			
<b>Gender</b>			
<b>Date of Birth</b>			
Are they your <b>child, sibling, spouse, or parent?</b>			

## What is their demographic information?

<b>What language do they speak at home?</b>			
<b>Are they disabled?</b>			
<b>What is their race?</b> Black/African American White Native American/Alaskan Native Asian Native Hawaiian/Pacific Islander Multi-racial/Biracial Other			
<b>What is their ethnicity?</b> Hispanic or Latino Not Hispanic or Latino			
<b>What is their highest level of education?</b> 0-8 <sup>th</sup> grade Some high school GED/HiSET or high school diploma Some college 2 or 4 year degree Graduate or post-secondary			
<b>Have they ever served in the military?</b>			
<b>Are they employed?</b> Full time or part time Retired Migrant seasonal farmworker Unemployed (under 6 months) Unemployed (6+ months) Not in the labor force			

## Do they have health insurance?

What type of health insurance?			
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Welcome to **Community Action Pioneer Valley**!  
We have many services and resources that might be able to help you. Please check off the topics you would like more information on and a program staff member will contact you.



## **CAPV Engagement Tool**

### **Referrals for Programs at Community Action Pioneer Valley**

1. **CAPV helps people with a variety of needs like food, rent, heat, utilities, tax assistance, work, and financial counseling. Do you want a referral to any of these services now?**

#### **Community Resources & Advocacy**

- ☐ Connections to food resources, including help with SNAP applications, program information, and problem-solving
- ☐ Financial help for late or overdue utility or rent bills, utility protection programs and discounts, and connections to other programs
- ☐ Information about public health insurance programs
- ☐ Help to pay for heat when the Fuel Assistance program is not available
- ☐ Help with applications and information for free or discounts on internet service

#### **Fuel Assistance**

- ☐ Help filling out an application for the first time
- ☐ Help with my recertification application
- ☐ Help figuring out the status of the application that I already submitted

#### **Energy Programs**

- ☐ Help make my home more energy efficient like insulation, sealing drafts, appliance upgrades, heating system upgrades
- ☐ Older Adult Home Modification program: Help homeowners over 62 to improve general home safety through no-cost home modifications.

#### **Money Matters**

- ☐ Help to file my taxes (during tax season January - March)

#### **Re-Entry Program**

- ☐ Help me get training and work after incarceration. (If released within the past 12 months, or being released in the next 6 months)



2. **CAPV offers many different childcare or family support programs. Do you need a referral to any of these services now? If yes, please select from the list below:**

**Head Start**

- ☐ Center-based early education/child care for infants, toddlers, and preschoolers
- ☐ Head Start at Home: Home visiting program for pregnant individuals, infants and toddlers - support, resources, and fun learning activities for you and your child
- ☐ Information and resources for child care vouchers for children 0-5

**Healthy Families**

- ☐ A parenting support program for first-time pregnant or parenting people, aged 23 and under.

**Family Center – Greenfield/Franklin County Only**

- ☐ Information and/or connections to resources related to family support
- ☐ Research-based parent education and/or parent support groups
- ☐ Playgroups and/or family events
- ☐ Support for a child (0-18) struggling at school or at home

**WIC**

- ☐ Support for pregnant, breast/chestfeeding and postpartum people, and children up to age 5 for help with nutritious foods, nutrition assessment and counseling, and breast/chestfeeding support"

**Young Parents Program**

- ☐ Help for pregnant and parenting youth up to age 24 to work on their personal, family, education, and career goals (this program meets the DTA Work Requirement)

3. **Would you like information for young folks 14-24 to be involved with any of the following opportunities?**

**If yes, please provide the name, date of birth, and phone number** of the young person interested in these programs.

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**GenQ**

- ☐ LGBTQIA+ peer support and workshops (Weekly hybrid group programming and drop-in spaces for ages 14-24, monthly intergeneration events for all ages)

**Shout Out**

- ☐ Develop leadership skills and work on activism projects (Weekly virtual group programming during the school year for ages 14-21)

**Youth Council**

- ☐ Connect with peers across programming for social change and skill building (Monthly hybrid group programming and workshops for ages 14-24)

**Youth & Young Adult Action Board (YAB)**

- ☐ Join peers with lived experiences of homelessness, and those in solidarity, to address youth homelessness (Weekly virtual group programming for ages 14-24)

**Short-Term Case Management**

- ☐ Individual Support to explore goals and resources (As needed individual in person or virtual meetings for ages 14-24)

- ☐ **I do not need assistance in any of the areas listed above**