



**Please bring the following information with you to your counseling session**

### **Household Information**

*Your household is anyone you live with and share financial resources with*

- Number of adults (age 17+): \_\_\_\_\_
- Number of children (under 17): \_\_\_\_\_
  - Age of each child: \_\_\_\_\_

**Career choice** (see <https://collegescorecard.ed.gov/> and <https://www.mynextmove.org/>)

- Broad Occupation Group: \_\_\_\_\_
- Occupation: \_\_\_\_\_
- Training duration: \_\_\_\_\_
- Cost of training
  - Tuition: \_\_\_\_\_
  - Grants: \_\_\_\_\_
- Employment while in school:
  - Hours per week: \_\_\_\_\_
  - \$/hour: \_\_\_\_\_

## **Income & Assets**

- Monthly income from household members other than yourself: \_\_\_\_\_
- Monthly child support income: \_\_\_\_\_
- Monthly investment income (for example stock or bonds): \_\_\_\_\_
- Checking and savings accounts: \_\_\_\_\_

## **Monthly Expenses**

- Rent or Mortgage \_\_\_\_\_
- Utilities \_\_\_\_\_
- Child Care \_\_\_\_\_
- Food \_\_\_\_\_
- Transportation \_\_\_\_\_
- Other \_\_\_\_\_

**Which of the following public assistance programs do you currently receive ?**

- Medicaid \_\_\_\_
- Children's Health Insurance (CHIP) \_\_\_\_
- Health Insurance Marketplace Subsidies \_\_\_\_
- Supplemental Nutrition Assistance Program (SNAP) \_\_\_\_
- Free or Reduced Price School Meals \_\_\_\_
- Subsidized Child Care \_\_\_\_
- Head Start\Early Head Start \_\_\_\_

- Section 8 Housing Voucher \_\_\_\_

**Which of the following tax credits do you anticipate applying for the next time you file your taxes?**

- EITC \_\_\_\_  
*Earned Income Tax Credit*
- CTC \_\_\_\_  
*Child Tax Credit*
- CDCTC \_\_\_\_  
*Child and Dependent Care Tax Credit*