



Start Your Journey Towards Improved Economic Security!

We need to ask you some questions to help figure out your money needs and find services that can help you meet them. When you are done you will get a customized report with recommendations for community services, and money management and budgeting tools that can help you make the most of your money. All of the recommendations have been selected to meet the unique needs of seniors. It will take approximately 30 minutes to complete this questionnaire.

1. Who are you completing this for?

- ☐ Self
- ☐ Spouse
- ☐ Partner
- ☐ Mother
- ☐ Father
- ☐ Client
- ☐ Test Case
- ☐ Other

If "Other," please specify: _____

Please note: If you are completing this for someone else, please answer all questions as if you are that person.

2. What is your zip code? _____

3. What is your month and year of birth? _____

4. What is your marital status?

- ☐ Single
- ☐ Married
- ☐ Married Living Separately
- ☐ Living with Partner
- ☐ Divorced
- ☐ Widowed

HELP – Question #4:

Please indicate your current marital status:

Single = never married

Married = living as husband and wife, separated, or legally separated (the union must be a legally recognized marriage by the state from which the person is applying for benefits)

Married Living Separately = legally married but living in separate households

Living with Partner = sharing a household with partner

Divorced = having legally dissolved a previous marriage

Widowed = man or woman whose spouse has died

5. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Other

6. What is your race or ethnicity? (optional)

- ☐ American Indian or Alaska Native
- ☐ Asian or Asian-American
- ☐ Black or African-American
- ☐ Hispanic, Latino, or Spanish Origin

HELP – Question #6:

Please select the option that best fits your race or ethnicity. If your race or ethnicity is not listed, please select 'Other.'

- ☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other

Income

7. On a scale of 1 to 5 (1 being the least hard and 5 being the hardest), how hard is it for you to provide for your basic needs each month?

- ☐ 1 - It is not hard for me
☐ 2 - Sometimes it is hard for me
☐ 3 - I get by, but it is hard each month
☐ 4 - I cannot get by on my own, I need help each month
☐ 5 - I cannot meet my basic needs each month even with help

HELP – Question #7:

Choose the best option that describes how well each month you are able to meet your basic needs such as food, housing, transportation, and medical care. 1 is the least hard and 5 is the most hard.

8. Do you receive income from any of the following sources? (choose all that apply) Please enter your current monthly gross income in the “Self” row below each check box. If married, enter your spouse’s income in the “Spouse” row. If you have income in both you and your spouse’s name, enter it in the “Joint” row. Enter the income of any other people living in your household including a non-married partner, in the “Household” row.

Please Note: If you do not know the exact amount of your income, please estimate the amount. Don't worry if you don't know all the answers. Just fill in the information you have now and then go to the next page.

	Self	Spouse	Joint	Household
Pension/Retirement Benefits				
Dividends/Interest				
Supplemental Security Income				
Social Security Disability				
Social Security Retirement/Survivor Benefits				
Railroad Retirements Benefits				
Veteran's Benefits				
Unemployment Insurance				
Worker's Compensation				
TANF				
Cash Assistance				
Other Non-Work Income				
Work Income				
Senior Community Service Employment Program (SCSEP)				

9. Do you have any of the following types of assets? (choose all that apply) Please enter the value of your assets in the “Self” row below each check box. If married, enter your spouse’s assets in the “Spouse” row. These are assets that your spouse owns separately from your assets. If your assets are owned in both you and

your spouse's name, enter them in the "Joint" row. Enter assets of any other people living in your household including a non-married partner, in the "Household" row.

Please Note: If you do not know the exact amount of your assets, please estimate the amount. Don't worry if you don't know all the answers. Just fill in the information you have now and then click on submit.

	Self	Spouse	Joint	Household
Cash/Cash Equivalent				
Automobile				
Automobile: Vehicle 2				
Value of Home				
Retirement Accounts				
Investment Accounts				
Life Insurance: Cash Value				
Life Insurance: Face Value				
Burial Accounts: Revocable				
Burial Accounts: Irrevocable				
Other Assets				

10. Including yourself and your spouse/partner (if applicable), how many people live in your household AND depend on your income for support? _____

HELP – Question #10:

When answering this question, it is very important to include all members of your household (including your spouse/partner) who depend on your income.

The income guidelines for certain programs and services may be based on the number of people in your household who depend on your income.

11. Do you and your spouse (if married) get any of the following public benefits? (choose all that apply)

- ☐ Medicare Savings Programs (QMB, SLMB, or QI-1)
- ☐ Extra Help/LIS through Medicare Prescription Drug Coverage
- ☐ Supplemental Nutrition Assistance Program (SNAP)
- ☐ Low Income Home Energy Assistance Program (LIHEAP)
- ☐ Medicaid
- ☐ Property Tax Relief

12. If you answered yes to getting public benefits, please enter the monthly amount(s) for the program you get help from. If you do not have exact numbers or if the amount you get is different each month, please give an estimate.

- \$ _____ Medicare Savings Programs (QMB, SLMB, or QI-1)
- \$ _____ Extra Help/LIS through Medicare Prescription Drug Coverage
- \$ _____ Supplemental Nutrition Assistance Program (SNAP)
- \$ _____ Low Income Home Energy Assistance Program (LIHEAP)
- \$ _____ Medicaid
- \$ _____ Property Tax Relief

Employment and Training

13. If you are looking for a job, what kind of help do you need? (check all that apply)

- ☐ I need help with the job search.
- ☐ I need help with my job skills and would like to take an online class.
- ☐ I need help matching my skills with jobs that I can apply for.
- ☐ I need help learning how to use technology, such as computers and smart phones.

Debt and Expenses

14. Please enter your current monthly household expenses below. If you do not have exact numbers or if the amount you get is different each month, please give an estimate.

- \$ _____ Housing
- \$ _____ Food
- \$ _____ Health
- \$ _____ Transportation
- \$ _____ Other Monthly Expenses
- \$ _____ Debt Payments

15. If you are having trouble paying your monthly expenses, which of the items below describes your situation? (check all that apply)

- ☐ I am near or at the limit of my lines of credit.
- ☐ I am thinking about filing for bankruptcy.
- ☐ I am getting calls from creditors about overdue bills.
- ☐ I can only make the minimum (smallest amount allowed) payments on my credit cards.

Housing

16. In what type of housing do you live?

- ☐ Own Home
- ☐ Rental
- ☐ Assisted Living/Nursing Home
- ☐ Low-Income Housing
- ☐ Homeless or Live in a Shelter

If "Own Home" is checked, answer the following questions:

What is the total amount you owe on your home (include mortgage and/or other home loans)?

\$ _____

Which of these best describes what you owe on your home?

- ☐ I have paid off my mortgage, but I have trouble paying my utility, property tax, and/or homeowner's insurance payments.
- ☐ The amount I owe on my home is more than what my home is currently worth.

HELP – Question #16:

Please choose your current type of housing:

- Own Home = you live in a house, apartment, cooperative, or condo that you own;
- Rental = you live in a house, apartment, or condo that you rent;
- Assisted Living/Nursing Home = you live in a community based residential setting such as an assisted living center or in a facility that provides 24-hour nursing care for chronic and/or long-term care illnesses;
- Low-Income Housing = you live in public housing offered to you because you have a low income; or
- Homeless or Live in Shelter = you do not have a home that you own or rent and may use a shelter. You may live in a shelter, with friends, or on the streets.

- ☐ I have some equity, but just can't keep up with paying my monthly bills.
- ☐ I have a reverse mortgage and can't keep up with paying my utility, property tax, and/or homeowner's insurance payments.
- ☐ I am facing foreclosure.
- ☐ None of the above

Do you have homeowner's insurance?

☐ Yes ☐ No

Would you like help figuring out if moving could save you money?

☐ Yes ☐ No

If "Rental" is checked, answer the following questions:

Are you behind in your rent?

☐ Yes ☐ No

Would you like help figuring out if moving could save you money?

☐ Yes ☐ No

Health

17. Do you have a disability that has been diagnosed by your doctor that makes it very hard or impossible for you to care for yourself or your family each day?

☐ Yes ☐ No

18. Do you currently have any of the following chronic conditions:

arthritis, asthma, emphysema, bronchitis, cancer, depression, anxiety, diabetes, heart disease, high blood pressure, stroke, osteoporosis, or HIV/AIDS?

- ☐ No Chronic Conditions
- ☐ One Chronic Condition
- ☐ Two or More Chronic Conditions

19. On a scale of 1 to 5 (1 being excellent health and 5 being poor health), how would you rate your health?

- ☐ 1 - Excellent
- ☐ 2 - Very Good
- ☐ 3 - Good
- ☐ 4 - Fair
- ☐ 5 - Poor

20. On a scale of 1 to 4 (1 being not at all and 4 being almost all the time), over the last month, how often have you felt down, depressed or hopeless?

- ☐ 1 - I have not felt down, depressed or hopeless.
- ☐ 2 - I have felt down, depressed or hopeless on a few days over the past month.
- ☐ 3 - I have felt down, depressed or hopeless on more than half the days over the past month.
- ☐ 4 - I have felt down, depressed, or hopeless almost every day over the past month.

HELP – Question #17:

Please choose yes if you have a condition that has been diagnosed by your doctor that makes it hard for you to work and/or take care of yourself everyday (such as eating, bathing, cleaning, and dressing).

HELP – Question #20:

Choose the best option that describes if you feel depressed on a daily basis, with 1 that you never feel depressed and 4 that you feel depressed every day.

21. Do you have Medicare?

☐ Yes ☐ No

22. Are you interested in reducing your medical costs, exploring health insurance options, or getting help paying for your prescription drugs?

☐ Yes ☐ No

More Information

23. Please choose any of the following that you may like more information about. (check all that apply)

- ☐ Money management resources, including budgeting tools, calculators to cut expenses, and coupons
- ☐ Financial programs and services, including information on identifying trusted financial institutions and life insurance
- ☐ Retirement planning, including guides and calculators, information on Social Security benefits, and assistance with pensions
- ☐ Legal concerns, including information on power of attorney, writing a will, and bankruptcy
- ☐ Information on senior tax deductions or getting free tax filing assistance