

EconomicCheckUp

Brought to you by BenefitsCheckUp®

Welcome to the EconomicCheckUp. The following questions are designed to:

- help you figure out your money needs
- find community services that can help you meet these needs
- use these community services so that you can live a more stable life

Please write in your answers on this form. Then, your information will be put into the EconomicCheckUp.

Directions: Please do your best to answer all the questions on this form. This information will help us provide the best resources to you. If you are not sure of an answer, just estimate.

1. Who are you completing this for?

- ☐ Self
- ☐ Spouse
- ☐ 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 the main reason you are looking for help?

- ☐ I have money concerns
- ☐ I want help finding a job
- ☐ I want help with legal problems
- ☐ I want to find programs to help with everyday costs
- ☐ I want help with housing
- ☐ I want information about aging services and providers
- ☐ I want information about health care services
- ☐ Other

HELP – Question #2:

Even though you may have more than one reason you are looking for help, please choose only the main reason that you need help.

If "Other," please specify: _____

3. What is your zip code? _____

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

5. What is your marital status?

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

HELP – Question #5:

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

6. Are you male or female?

- ☐ Male
☐ Female

7. 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
☐ Native Hawaiian or Other Pacific Islander
☐ White
☐ Other

HELP – Question #7:

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

Income

8. 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 #8:

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.

9. Please enter your current gross **monthly** income in the "Self" column below. If married, enter your spouse's income in the "Spouse" column. If you have income in both your and your spouse's name, enter it in the "Joint" column. Enter the income of any other people living in your household in the "Household" column.

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				

10. Please enter the value of your assets in the "Self" column below. If married, enter your spouse's assets in the "Spouse" column. 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" column. Enter assets of any other people living in your household in the "Household" column.

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				

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

HELP – Question #11:

When answering this question, it is very important to include all members of your household (including your spouse) 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.

12. Do you have any dependents that you claim on your federal income tax return?

☐ Yes ☐ No

HELP – Question #12:

To claim a dependent on your federal tax return, you must meet certain guidelines set by the IRS. These guidelines determine who qualifies as a dependent such as a child or other relative. If you can claim dependents, it can lower the amount of tax you pay.

13. If you answered 'yes' that you claim dependents on your federal income tax return, who are they? (check all that apply)

☐ Spouse
☐ Partner
☐ Adult Child
☐ Child/Grandchild (18 years of age and under)
☐ Other Relative
☐ Friend

14. 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

15. 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

16. What is your current work status?

- ☐ Retired
- ☐ Employed
- ☐ Unemployed
- ☐ Underemployed
- ☐ None of the above

HELP – Question #16:

Please choose the best option for your current work status:

- Retired = once worked, but no longer working;
- Employed = currently working;
- Unemployed = not employed right now or never employed;
- Underemployed = your job is not meeting your needs. This may be because you have a part-time job when you need or want a full-time job. Or because you have more education, experience, and skills than your job requires.

17. 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.

Debt and Expenses

18. 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

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

20. Would you like help with any of the following: creating and managing a budget, lowering the amount you spend each month, finding ways to reduce debt, and/or applying for public benefit programs?

☐ Yes ☐ No

Housing

21. In what type of housing do you live?

- ☐ Own Home
☐ Rental
☐ Live with Others
☐ 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.
☐ 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

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

If you are renting, which of these options best describes your situation?

- ☐ I am able to pay my rent, but am having a hard time paying my other expenses.
☐ I am behind on my rent.
☐ I am behind on my rent and facing eviction.
☐ None of the above

HELP – Question #21:

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;
- Live with Others = you live in a community based residential setting such as an Assisted Living Facility;
- 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.

Mobility

22. Please choose which option best describes how you get from place to place.

- ☐ I own a car or have transportation when I need it.
☐ I use buses, trains, taxis or van services to meet basic needs with or without financial help.
☐ I have limited access to public transportation and I need financial help to use it.
☐ I cannot depend on the public transportation near me and/or it costs too much for me to use.
☐ I do not have a car and cannot use or get to public transportation.

Food

23. On a scale of 1 to 5 (1 being very easy and 5 being very hard), please choose which best describes how easy it is for you to get food and/or meals each day.

- ☐ **1 - Very easy** - I eat healthy meals each day.
- ☐ **2 - Easy** - I eat healthy meals each day because someone brings me healthy foods (like Meals on Wheels) or I eat meals at the community center.
- ☐ **3 - Moderately hard** - I need help to get food on a regular basis.
- ☐ **4 - Hard** - I do not have enough food on a regular basis. The food I do have is not enough to meet my nutritional needs.
- ☐ **5 - Very hard** - I cannot get any food. I am in danger of getting sick because I do not have the food I need to eat each day

HELP – Question #23:

Choose the option that best describes how well you are able to get food to meet your needs each day, with 1 being very easy and 5 being very hard.

Health

24. 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

25. 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

HELP – Question #24:

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).

26. 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

27. On a scale of 1 to 4 (1 being find pleasure and 4 being never find pleasure), over the last month, how often have you found pleasure in everyday activities?

- ☐ **1** - I find pleasure in doing my activities each day.
- ☐ **2** - I enjoy activities on some days.
- ☐ **3** - I do not enjoy activities on most days.
- ☐ **4** - I do not find pleasure in doing my daily activities.

HELP – Question #27:

Choose the best option that describes how well you feel and enjoy life on a daily basis, with 1 being that you find pleasure in everyday activities and 4 that you never enjoy everyday activities.

28. 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 #28:

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.

29. Do you have Medicare?

☐ Yes ☐ No

30. If you have Medicare, do you have one of the following plans:

- ☐ Medicare Advantage Plan
- ☐ Medigap (Medicare Supplement Insurance)
- ☐ None of the above

31. Are you interested in meeting with a counselor to discuss your health insurance options and look at ways to cut down on your medical costs?

- ☐ Yes ☐ No

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

- ☐ Help with your budget
- ☐ Help with your pension
- ☐ Help with issues of abuse and neglect (Adult Protective Services)