

# Self-Report Form

**Instructions:** Complete this assessment with the head of household at intake, every 6 months following intake, and at exit.

Date of Assessment: \_\_\_\_\_

Assessment Time Point:

Initial       6 Month       12 Month       18 Month       24 Month       Exit

## Financial Capability Scale

*\*1= "Low FCS" 2= "Moderate FCS" 3= "High FCS" where (0/3 total points =1) (4/5 total points =2) (6/8 total points =3)*

1 Do you currently have a personal budget, spending plan, or financial plan?

Yes (1)                       No (0)

2 How confident are you in your ability to achieve a financial goal you set for yourself today?

Not at all confident (0)       Somewhat confident (1)       Very confident (2)

3 If you had an unexpected expense, like a car repair or medical bill, or someone in your family lost a job, got sick or had another emergency, how confident are you that your family could come up with money to make ends meet within a month?

Not at all confident (0)       Somewhat confident (1)       Very confident (2)

4 Do you currently have an automatic deposit or electronic transfer set up to put money away for a future use (*such as savings*)?

Yes (1)                       No (0)

5 Over the past month, would you say your family's spending on living expenses was less than its total income?

Yes (1)                       No (0)

6 In the last 2 months, have you paid a late fee on a loan or bill?

Yes (1)                       No (0)

## Social Connections

7 About how many close friends do you have? These are people you feel at ease with, can talk to about private matters, or call on for help.

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		Strongly disagree	Disagree	Agree	Strongly agree
8	There are people in my community I feel close to. <i>(NOTE: "Community" can be any community you choose. It does not necessarily have to be your physical neighborhood.)</i>	1	2	3	4
9	I have a strong sense of "togetherness" with my peers.	1	2	3	4