

**FINANCIAL COUNSELING
DATA SHEET**

Name _____

Job Title _____ **DOB** _____

Home Phone _____ **Work Phone** _____

Member Account No. _____ **Spouse** _____

Member Payroll Frequency: Weekly____ Bi-weekly ____ Twice a Month ____ Monthly____

Spouse's Payroll Frequency: Weekly____ Bi-weekly ____ Twice a Month ____ Monthly____

Number of individuals currently living in home with you:

Adults _____ Children (Under 18) _____

Purpose for Initial Counseling Session: _____

Objectives you want to accomplish during the financial counseling process. What do you want? When do you want it? List in order of importance.

1. _____

2. _____

3. _____
