

Thank you for registering for our Personal Financial Management course through Family & Community Services Consumer Credit Counseling. For over 30 years, our agency has assisted the people of our community with financial difficulties. Our commitment is to provide professional credit counseling and to treat all clients with dignity, respect and appropriate confidentiality.

Date & Time: _____

Location: _____

**PLEASE BRING THESE THREE PAGES COMPLETED AND SIGNED,
ALONG WITH YOUR MONEY ORDER TO YOUR APPOINTMENT.**

ABOUT THIS COURSE:

In this course we will cover essential financial information and provide you with tools and resources to develop a budget manage your money and rebuild your credit history following a bankruptcy. At the conclusion of this session, you will be promptly provided with a certificate that you must, in turn, provide to your attorney (or to the court, if working without an attorney). During your session your Counselor will discuss potential impacts on credit reports, as well as provide budgeting and credit tools to regain and maintain financial wellness following the bankruptcy.

This session is designed to provide you with information and resources; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options. If you need language or hearing-impaired interpretation services, please contact our agency for arrangements to be made.

**To help cover the cost of providing this session to you, this agency charges a fee of \$50.00 for individual filing, or \$65.00 per couple. The course is offered to debtor students without regard to the debtor students' ability to pay. In limited circumstances, you may be eligible to have this fee reduced or waived. Verification of all forms of household income is required for any fee adjustment. At the time of your course, we will review your financial situation to determine if you may be eligible to have this fee reduced or waived. Be prepared to pay the full amount. Money orders or certified bank checks are acceptable forms of payment for this session. Note that we DO NOT accept personal checks. Please make your MONEY ORDER payable to CCCS. Our agency does not pay or receive fees or other consideration for the referral of debtor students to or by our agency.

Consumer Credit Counseling Services (CCCS) is a non-profit program offering services to financially burdened individuals and families. Services offered include budgeting, credit counseling, financial literacy classes, bankruptcy credit counseling/debtor education certification and debt management programs. Services are offered by appointment, from 9:00 a.m. to 5:00 p.m. Monday through Friday. Evening sessions may be available.

As a not-for-profit agency, Family & Community Services, Inc. and CCCS receive funding from creditors, community organizations such as United Way, and client fees. Fees are assessed for the following CCCS services:

Budget & Credit Counseling Session	No Fee
Bankruptcy Certification Session	\$50.00 (\$65.00 for joint filing)*
DMP Set-Up Fee	\$50.00
DMP Monthly Maintenance	\$15.00
Credit Report & Evaluation (non DMP clients)	Cost varies based on type & number of reports requested

*Clients under the DHHS poverty threshold of 150% are subject to free counseling.

REGISTRATION FORM - Post-Bankruptcy Personal Financial Management

If filling jointly, provide information for both parties.

CLIENT #1

Name:		
Age:	Date of birth:	Gender:
Address:		
Phone:	# In Household	
Education Level:		
SS#:	Ethnicity:	
Marital Status:	Single	Married
	Separated	Divorced
		Widowed

CLIENT #2

Name:		
Age:	Date of birth:	Gender:
Address:		
Phone:	# In Household	
Education Level:		
SS#:	Ethnicity:	
Marital Status:	Single	Married
	Separated	Divorced
		Widowed

Source of Income:	Employed	Pension
	Social Security	Unemployment Benefits
	Workers' Comp	Disability
	Child Support	ADC/GR
		Alimony
		Other
Gross Monthly Income:	\$ _____	
2nd Income (gross monthly):	\$ _____	

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	Social Security	Unemployment Benefits
	Workers' Comp	Disability
	Child Support	ADC/GR
		Alimony
		Other
Gross Monthly Income:	\$ _____	
2nd Income (gross monthly):	\$ _____	

Number of Creditors Included in Bankruptcy:
Total Debt Included in Bankruptcy:

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Total Debt Included in Bankruptcy:

Reason for Bankruptcy:	Divorce	Gambling	Loss of Income	Medical
	Over Budget / Mismanagement of Finances	Other _____		

Attorney Name:	Attorney Phone Number:
Attorney Address:	Attorney Fax Number:

<i>REQUIRED IN ORDER TO ISSUE VALID CERTIFICATE</i>	
Bankruptcy Case Number:	Location Filing:
	Akron Canton Cleveland Toledo Youngstown

<i>TO BE VERIFIED AND INITIALED BY COURSE FACILITATOR*:</i>		<i>COURSE DATE:</i> _____
		State or government issued picture ID presented and verified
		Student disclosure and Privacy Policy submitted and signed
		Money order received, or appropriate documentation

Household income is defined as the total annual gross income before taxes (minus exclusions) of all household members, except earned income of any dependent minors under 18 years of age. All income and allowed exclusions must be documented for household member 18 years of age and older regardless of relationship to the primary applicant. Heads of households and spouses may never be considered minors. Gross household income includes wages, interest, dividends, annuities and pensions.

% of Poverty Level	Fee Structure
150% and below	100% waiver
Above 150%	Full Fee

FEDERAL POVERTY GUIDELINES

Persons in Family/ Household	150%
1	\$18,735
2	\$25,365
3	\$31,995
4	\$38,625
5	\$45,255
6	\$51,885
7	\$58,515
8	\$65,145

*For families/households with more than 8 persons, add \$4,320 for each additional person.

Federal Poverty Guideline Source:
<http://aspe.hhs.gov/poverty/19poverty.cfm>

- 1) For counseling clients, we will confirm with your attorney if asked:
 - a) Verification of appointment
 - b) Date of counseling
 - c) Disposition: (i.e. client will handle affairs independently or pending action)
- 2) We may disclose debtor information to the United States Trustee in connection with the US Trustee’s oversight of the provider, or during the investigation of complaints, during on-site visits, or during quality of service reviews.
- 3) The US Trustee has reviewed the provider’s instructional course and its services as a credit counseling agency pursuant to 11 U.S.C 111© However, the US Trustee has neither reviewed nor approved any other services the provider may provide to debtors.
- 4) The debtor will only receive a certificate if the debtor completes an instructional course. CCCS is obligated to provide our client’s with the certificate promptly at the end of the course.
- 5) We may provide free bilingual interpreter assistance to any limited English proficient debtor with advance notice.
- 6) This agency receives funding in the form of grants from United Way and corporate foundations. A significant portion of funding for this agency comes from voluntary contributions (fair share) from creditors who participate in Debt Management Programs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of this agency. These contributions are typically calculated as a percentage of payments that are made through a DMP. Should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency is funded.
- 7) Family & Community Services, Inc. does not pay or receive referral fees for the referral of clients except under a fair share agreement with participating creditors in a DMP.

SAFEGUARDING YOUR PERSONAL INFORMATION

CCCS retains records for up to seven years relating to the services that we provide so that we are better able to assist you with your counseling needs. We maintain physical, electronic and procedural safeguards such as: file encryption, password protection and secure network configuration to guard this information. Physical access to files containing personal information is restricted and controlled. Please see the Privacy Policy provided with your initial paperwork for additional information.

PROCEDURE FOR FILING A GRIEVANCE

A Client and/or his/her representative shall submit IN WRITING a description of the problem or dissatisfaction to the Client's Rights Officer. Clients are encouraged to submit this written description as soon after the occurrence as possible at 143 Gougler Avenue, (330) 677-4124, from 9 AM to 5 PM, Monday through Friday.

The Client's Rights Officer will gather information concerning the grievance, interview all parties involved, and attempt to resolve the grievance within seven working days of the filing of the grievance, with one copy given to the client or his/her representative, with the client's permission.

In the event the issue is not resolved satisfactorily, the client or his/her representative may request, in writing within five working days of receiving the written report from the Client's Rights Officer that the issue be presented to the Clients Rights Review Committee. The Client's Rights Review Committee shall be comprised of the Executive Director of the agency or his/her designee, and two other staff chosen by the Executive Director/designee who are not involved in the grievance. Should the client file a grievance against the Client's Rights Officer, or should he be unavailable, the Executive Director shall appoint a designee.

The Client's Rights Committee shall meet within five working days of receiving the written complaint and review the written report prepared by the Client's Rights Officer to clarify any issues necessary and attempt to resolve the matter. During these five days, the Client's Rights Review Committee may hold a hearing at the request of a client or his/her representative, or if the committee deems it necessary. A written report of the Committee's review shall be completed within seven working days of receiving the written request to review the grievance with one copy given to the client or his/her representative, with the client's permission.

Should the issue not be resolved to the client's satisfaction, the client and his/her representative may write to any of the organizations listed at the end of this policy. Upon request, a client representative shall assist the client and/or his/her representative to prepare information to be sent to any other organization.

THE CLIENT'S RIGHTS OFFICER'S RESPONSIBILITIES INCLUDE:

- Accepting and processing any grievance filed by a client or other person or agency on behalf of a client or his/her representative.
- Preparing an annual summary of the number of grievances the agency has received, types of grievances, and resolution status.

A client and his/her representative may at any time contact one or more of the following entities concerning a grievance: Client's Rights Officer, 705 Oakwood Street, Ravenna, OH 44266, (330)297-7027, Monday through Friday, from 9:00 a.m. – 5:00 p.m.

I have read and understand the disclosures made above.

Client: _____ **Client:** _____

Date: _____ **Date:** _____

PRIVACY NOTICE

I. PRIVACY POLICY: Our agency is committed to assuring the privacy of individuals and/or families who contact us for assistance. We realize that the concerns you entrust to us are highly personal in nature. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Following are examples of how this data may be used:

ALL CLIENTS

- 1) To assist us in our work with you, our staff may seek supervision/consultation with professional colleagues within the agency and , where appropriate and necessary, with other resources in the community, including the NFCC (National Foundation For Credit Counseling).
- 2) For the purpose of evaluating our services, gathering valuable research information and designing future programs, we may use aggregated case file information. Your anonymity will be maintained though the use of your client number or by using aggregate data in all circumstances.

COUNSELING ONLY

- 3) For counseling only clients, we will confirm with your creditors and/or Habitat for Humanity of Portage County, if asked:
 - a) Verification of appointment
 - b) Date of counseling
 - c) Disposition: (i.e. client will handle affairs independently or pending action)

DEBT MANAGEMENT

- 4) For clients needing our intervention on your behalf through Debt Management, we will disclose the following to your creditors and/or Habitat for Humanity of Portage County:
 - Your address and home phone number, if published
 - Total debt information
 - Income, net and gross
 - Living expenses
 - A list of your creditors
 - Personal information concerning your financial circumstances, but not lifestyle or personal habits
 - Place of employment will be verified only

PRE-BANKRUPTCY CREDIT COUNSELING AND PERSONAL FINANCIAL MANAGEMENT EDUCATION ONLY

- 3) For counseling clients, we will confirm with your attorney if asked:
 - d) Verification of appointment
 - e) Date of counseling
 - f) Disposition: (i.e. client will handle affairs independently or pending action)

In all other situations, your information may be released to appropriate individuals or agencies ONLY UPON YOUR WRITTEN REQUEST or when our staff has been served by a valid subpoena.

II. The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

- 1) We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
- 2) We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
- 3) We may disclose some or all of the information that we collect to third parties that you have authorized who need to know that information in order for us to assist you after a counseling session.
- 4) We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
- 5) We collect nonpublic personal information about you on our applications or other forms you provide.
 - Information we received from you on your applications or other forms you provide.
 - Information we receive from a credit-reporting agency.
- 6) We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications or other forms, such as your name, address, SS number, assets and income.
 - Information we receive from a credit-reporting agency, such as your credit history.

RELEASE: I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary (3) my attorney (4) NFCC (National Foundation for Credit Counseling) to resolve the matter(s) discussed during my counseling session. I further release and authorize my attorney to provide non-public information about me to this Credit Counseling Agency.

May Family & Community Services Consumer Credit Counseling Service or the National Foundation for Credit Counseling contact you for purposes of monitoring and evaluating the program?

YES NO

Please note: Participation in this follow-up is strictly voluntary and is not required in order to provide you with services.

Client: _____ **Client:** _____

Date: _____