



"Providing assistance, information, and direction by building bridges between people with needs and people with solutions."

Center For Siouxland

Assistance, Information & Direction

Privacy Notice/Release of Information

Our agency is committed to assuring the privacy of families and individuals who have contacted us for assistance. We assure you that all information shared, both orally and in writing, will be managed within legal and ethical considerations.

Your personal financial information, such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditors, and possible others, with your specific authorization. *We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained through the use of your client number or by using aggregate data in all circumstances.*

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 a valid subpoena.

The following **PRIVACY PRACTICES** detail circumstance under which we will release all information to a third party.

1. We do not disclose any nonpublic, personal information about our customers or former customers to anyone, except as permitted by law
2. We may compile data and aggregate information that you give us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors or third parties that you have authorized, who need this information in order for us to assist you after a counseling sessions.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a Debt Management Plan (DMP).
5. 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 safe guards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following sources.
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we received from a credit reporting agency.
7. 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, social security number, assets, and income.
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we receive from a credit reporting agency, such as your credit history.

I hereby authorize Center for Consumer Credit Counseling/Center for Siouxland to release all non-public information it obtains about me to (1) my creditors and (2) third parties necessary to resolve the matter(s) discussed during my counseling session. I further RELEASE and authorize my creditors to provide non-public information about me to CCCC/Center for Siouxland.

Client: _____ Date: _____

Client: _____ Date: _____



Center For Consumer Credit Counseling

715 Douglas St
Sioux City, IA 51101-1021
712-252-1861
877-580-5526
Fax: 712-255-1352





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STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully so that you will understand the procedures for the counseling session. For simplification the singular is used even when the plural may apply. By signing the bottom of the form, you indicate you have read and understand all these statements.

I understand the agency will provide a confidential comprehensive personal money management interview.

I understand that the interview will be conducted by a certified consumer credit counselor or qualified professional counselor. All action plans, not conducted by a certified consumer credit counselor, will be reviewed by a certified consumer credit counselor.

I understand that in the event I am dissatisfied, I can utilize the Complaint Resolution Process.

I hold the agency, its employees, agents and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling.

I will be given a written assessment outlining a suggested client action plan which will be based on the following options:

- a.) I will handle any financial concerns on my own.
- b.) I may choose to enroll in the agency's Debt Management Plan.
 - A DMP serves the dual role of helping me repay my debts and helping creditors to receive the money owed to them.
 - My participation in a debt repayment program may change information which is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Management Plan could have a negative impact on a creditworthiness decision by potential creditor, landlord, or employer in the future.
 - In addition, creditors may report that I am on a Debt Management Plan and am not paying as originally agreed although they have accepted the reduced payment.
- c.) I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice.
- d.) I will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.

At sometime in the future, my information may be used for confidential research, quality assurance/training purposes, and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant _____

Counselor _____

Applicant _____

Date _____



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Client Bill of Rights

We pledge that our clients have the right:

- To prompt, confidential, courteous counseling service from knowledgeable, certified counselors;
- To treatment with dignity and respect;
- To be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan;
- To receive prompt and accurate information about our services and their accounts status;
- To ask questions and to have concerns addresses;
- To accountability by the agency in handling their finances to include an appropriate action plan;
- To express dissatisfaction through a Complaint Resolution Process;
- To discontinue their relationship with our agency at anytime.

Complaint Resolution Process

We are committed to providing you with highest quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One:* Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two:* If step one is not possible or the issue is not resolved to your satisfaction, write or call Jonette Spurlock, CCCC Vice President at 712-252-1861, ext. 12, or 877-580-5526.
- Step Three:* Agency may request a meeting with you (phone or face-to-face) to seek more information from a staff person. The agency will respond within 15 days.
- Step Four:* If your issue is still unresolved, you may appeal in writing directly to the head of the agency Executive Director of Center For Siouxland. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

Non-Discrimination Policy

Our agency serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, national origin, or handicap.

With my (our) signature, I (we) acknowledge that we have received a copy of your Client Bill of Rights, Complaint Resolution Process, Non-Discrimination Policy.

Client _____
Client _____

Date _____
Date _____



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Check the reason(s) for requesting an appointment

- Too much debt
- Bill collectors
- Unemployment
- Divorce/separation
- Possible bankruptcy
- Disability/illness
- Wage garnishment
- Family death
- Housing problems
- Other _____

How did you hear of us?

Your profile

Name _____
 Address _____
 City _____ State _____ Zip _____
 County _____ Sex _____ Date of birth _____
 Marital Status _____
 Home Phone _____
 Work Phone _____
 Email _____
 Place of employment _____
 Position _____
 Monthly gross _____
 Monthly takehome _____
 Other income _____
 Social security number _____
 Education (last grade completed) _____

Spouse's Profile

Name _____
 Sex _____ Date of Birth _____
 Home Phone _____
 Work Phone _____
 Email _____
 Place of employment _____
 Position _____

Monthly gross _____
 Monthly takehome _____
 Other Income _____
 Social Security Number _____
 Education (last grade completed) _____

Ages of Dependent Children in Household:

Have you filed bankruptcy in the last six years?
 Yes No

Housing

- Live with others (pay no rent)
- Renting
- Buying (making monthly payments)
- Own outright (no monthly mortgage)

If buying, type of mortgage?

- VA
- HUD/FHA
- Conventional
- Private contract
- Other _____

Loan number _____

Are you behind in mortgage or rent?

- Yes No
- If yes, by how many months? _____

Do you have a second Mortgage?

- Yes No
- Are you behind with the second Mortgage?

- Yes No
- If yes, by how many months? _____

Nationality (Optional, this information will only be used for statistical purposes. Services are available to all. We do not discriminate based on race, religion, color, gender, handicap or national origin.)

- White
- Asian
- Hispanic/Latino
- Other _____
- Native American
- African American

Please List Your Personal Assets

Home (purchase price) \$ _____

Home (equity only) \$ _____

Vehicle #1

Year _____ Model _____ Make _____

Monthly payment \$ _____ Value \$ _____

Vehicle #2

Year _____ Model _____ Make _____

Monthly payment \$ _____ Value _____

Vehicle #3

Year _____ Model _____ Make _____

Monthly payment \$ _____ Value \$ _____

Second home, cabin, camper

Purchase price \$ _____ Equity \$ _____

Boat, motorcycle, snowmobile, etc.

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

_____ Value \$ _____

Other

Savings \$ _____

Checking \$ _____

Stocks \$ _____

Mutual Fund: (non-retirement account) _____

Savings bonds: _____



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 Email ccc@centerforconsumercredit.org



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COMPLETE IN FULL

IF you are more than 15 minutes late for your appointment, or if this worksheet is not complete, your appointment will be rescheduled

