

Date: \_\_\_\_\_

### Client Intake

\_\_\_\_\_  
Name (first and last)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
County

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Employer

Gender:     \_\_\_ Male     \_\_\_ Female

Race:

\_\_\_ American Indian

\_\_\_ Asian

\_\_\_ African American

\_\_\_ Hispanic/Latino

\_\_\_ Multiracial

\_\_\_ Native Hawaiian/other Pacific Islander

\_\_\_ White

\_\_\_ Unknown

Age Range:

18 – 24 \_\_\_

25 – 40 \_\_\_

41 – 60 \_\_\_

60+ \_\_\_

Annual Income:

\_\_\_ 0 - \$24,999   \_\_\_ \$25,000-\$49,999   \_\_\_ \$50,000- \$74,999

\_\_\_ \$ 75,000 - \$99,999   \_\_\_ \$100,000 and over

In a few words tell us what brought you here today.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear about our services?

\_\_\_ yellow pages

\_\_\_ radio

\_\_\_ TV

\_\_\_ employer

\_\_\_ newspaper

\_\_\_ website

\_\_\_ facebook

\_\_\_ other (be specific) \_\_\_\_\_



Trans Union  
Consumer Relations  
2 Baldwin Place  
P.O. Box 1000  
Chester, PA 19022

Re: Release of Information

I am currently seeking financial/debt counseling from Center For Siouxland. Please consider this your authorization to release any information from my credit file to Center For Siouxland. I agree to have Center For Siouxland obtain a credit report concerning my credit record.

I further agree to allow release of my information to HUD and other 3rd parties as appropriate.

I agree to hold Center For Siouxland, Trans Union, their employees, officers and agents harmless from any claim, suit, action or demand made as a result of this release of information.

Thank you,

**Client:**

_____	_____	_____
<i>First Name</i>	<i>Middle Initial</i>	<i>Last Name</i>
_____	_____	_____
<i>Social Security Number</i>		<i>Date of Birth</i>
_____	_____	_____
<i>Street Address</i>	<i>Apt./Unit</i>	<i>City</i>
_____	_____	_____
<i>State</i>	<i>Zip Code</i>	<i>Phone</i>
_____	_____	_____
<i>Client's Signature</i>		<i>Today's Date</i>

**For Internal Use Only**

Report printed by \_\_\_\_\_

Date \_\_\_\_\_ Time \_\_\_\_\_



CENTER FOR SIOUXLAND  
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### 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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**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 addressed;
- 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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**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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**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 \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of employment \_\_\_\_\_

Position \_\_\_\_\_

Hire Date \_\_\_\_\_

Monthly gross \_\_\_\_\_

Monthly take home \_\_\_\_\_

Other income \_\_\_\_\_

Social security number \_\_\_\_\_

Education (last grade completed) \_\_\_\_\_

**Spouse's Profile**

Name \_\_\_\_\_

Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Place of employment \_\_\_\_\_

Position \_\_\_\_\_

Hire Date \_\_\_\_\_

Monthly gross \_\_\_\_\_

Monthly take home \_\_\_\_\_

Other Income \_\_\_\_\_

Social Security Number \_\_\_\_\_

Education (last grade completed) \_\_\_\_\_

**Ages of Dependent Children in Household:**

\_\_\_\_\_

Have you filed bankruptcy in the last six years? \_\_\_\_\_

Have you or your spouse served in the military? \_\_\_\_\_

**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? \_\_\_\_\_

If yes, by how many months? \_\_\_\_\_

Do you have a second Mortgage? \_\_\_\_\_

Are you behind with the second Mortgage? \_\_\_\_\_

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

1/2/08, Rev. 8/22/08, Rev. 4/20/10, Rev 10/8/15,  
Rev 6/28/18

**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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Ext. 47

cccc@centerforconsumercredit.org  
www.centerforsiouxland.org



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**COMPLETE IN FULL**





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**ONCE YOU HAVE COMPLETED THE ENCLOSED WORKSHEET AND GATHERED THE FOLLOWING DOCUMENTS, PLEASE CONTACT OUR OFFICE TO SCHEDULE AN APPOINTMENT.**

**712-252-1861 EXT. 47  
OR 1-877-580-5526 EXT. 47**

**PLEASE BRING YOUR COMPLETED WORKSHEET TO OUR OFFICE. ALSO BRING THE FOLLOWING ITEMS TO YOUR APPOINTMENT.**

- \_\_\_ **LAST 4 PAYROLL CHECK STUBS**
- \_\_\_ **ANY LEGAL NOTICES**
- \_\_\_ **YOUR UTILITY BILL STUBS**
- \_\_\_ **CURRENT CREDITOR STATEMENTS**

**IF YOU ARE DELINQUENT ON YOUR RENT OR MORTGAGE PLEASE BRING IN MORTGAGE DELINQUENCY LETTER**

**CENTER FOR CONSUMER CREDIT COUNSELING  
715 Douglas St  
SIOUX CITY, IA 51101  
PH: 712-252-1861 OR 1-877-580-5526**



United Way of Siouxland   
Proud Community Partner

1/2/08  
Rev. 8/22/08  
Rev. 9/18/18