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## COCONINO COUNTY COMMUNITY SERVICES SOCIAL SERVICES

**The following forms are fillable PDF. Download and save the form to your computer. Please use Adobe Acrobat Reader DC or Foxit Reader to fill out these forms. Do not use Microsoft Edge's PDF reader, as Edge's PDF reader causes entry and submission errors. To download and save this form, please use the save option in the top right-hand corner, commonly looks like:**



The free version of Adobe Acrobat Reader can be obtained from Adobe at:

<https://acrobat.adobe.com/us/en/acrobat/pdf-reader.html>

The free version of Foxit Reader can be obtained from Foxit at:

<https://www.foxitsoftware.com/pdf-reader/>

*Once the forms are filled out completely, the forms can either be emailed, printed (for your records) and emailed, or printed for in-person submission at the Health and Human Services building.*

***If you print the forms without emailing, the completed forms will need to be turned in at the Health and Human Services building. Emailing the form is the same as physically turning in the forms.***

***At the end of this form, there are buttons to either print or email the form. When the email button is chosen, your email program will open with these forms as an attachment. Your forms will not be submitted until you have your email program send the email. The buttons will not work if the forms are not downloaded from the county website or if you use Microsoft Edge to fill out the forms.***

*If you are not using the email button on the form, email the completed forms to: [communityservicesflagstaff\\_staff@coconino.az.gov](mailto:communityservicesflagstaff_staff@coconino.az.gov) This email address is solely for form submittal. Do not send questions to this email address.*

***After your forms are submitted, you will be contacted by a member of Coconino County Community Services. Please be patient as your documents must be reviewed, prior to being contacted.***

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**COCONINO COUNTY COMMUNITY SERVICES SOCIAL SERVICES**  
**DOCUMENTS REQUIRED FOR EVERY INTAKE:**

***Please be advised that we will need the required documents, you may be delayed in receiving assistance if we do not receive them. Additional documents may be requested during your intake. Documents will be dropped off or emailed into your case worker. This process will be discussed during your intake appointment.***

- Picture IDs for all household members over the age of 18
  - Original Birth Certificates, current passport, naturalization documentation, or CIBs for all household family members. Ask staff about other acceptable documents
  - Original Social Security cards for all household family members. (If you are missing a social security card(s) or Social Security award letter(s): Register at [www.socialsecurity.gov/myaccount](http://www.socialsecurity.gov/myaccount) or call: 1-(800) 772-1213 to request your documents
  - Guardianship/custody documents for children you are caring for.
  - Supporting Crisis Documentation: Provide ANY/ALL documentation regarding your crisis (i.e. including, but not limited to, receipts, hospital discharge papers, physicians note, termination or laid off notice from employer, etc.)
  - Income for **ALL** household members for the last 30 days (i.e. including, but not limited to: current Social Security award letters, paystubs, child support (printout of payments received), unemployment verification (printout of payments received), self-employment income, and retirement/pensions etc.. NO BANK STATEMENTS
  - Current lease listing ALL household family members. An addendum will be needed if: A member of your household is no longer on the lease or the monthly rent has changed, or the lease is outdated. Check with your Landlord to see if they have received assistance from Coconino County before. If they have not, they will need to fill out a W-9 to be paid. If you own, please bring in your property tax record.
  - Provide a current Supplemental Nutrition Assistance (food stamp) Award Letter **listing household members** and award amount
  - If you are on Section 8 Housing: Please provide a current worksheet showing your utility allowance
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- ❑ For utility bill assistance: Provide **past due &/or current utility bills** showing all charges. Assistance provided is for: gas, electric, wood, propane, and water. For propane, please provide an invoice from the propane company
  - ❑ For utility bill deposits: Provide name of utility company, account number, & amount of deposit
  - ❑ For rental/mortgage assistance: Provide a 5/7 Day Late Notice or Eviction Notice indicating the amount due or current mortgage statement. Due to limited funding, the County is unable to cover the entire rent/mortgage. We do not assist with late charges. The landlord must provide a written statement indicating he/she will work with you on the balance
  - ❑ For move-in assistance: Ask staff for a **Move-In Confirmation Form**. We do not assist with move-in deposits &/or late fees. REQUIRED: Rental Deposits will be asked to be paid prior to completion of services. Please bring receipt or proof of payment.

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**OFFICE HOURS: Flagstaff:** Monday – Friday, 8 – 5 p.m.  
(Excluding federal holidays)

**INTAKE HOURS:** Case workers are seen Monday-Friday beginning at  
8:00 a.m. – 3:00 p.m.

Intakes will be received until slots are filled or until 3:00 P.M., whichever comes first.  
2625 N. King Street Flagstaff, Arizona 86004  
(928) 679-7453 or 1-(928) 822-9298  
(928) 679-7461 (Fax)

**NOTE:** Coconino County Community Services does its best to fulfill all requests for assistance. However, assistance is limited, but not solely, to the availability of funds and eligibility of applicants as defined by the program and funder guidelines. We reserve the right to deny an application for assistance based on failure of the applicant's compliance and/or failure to meet program or funder guidelines and/or requirements. Therefore, any application request for services is not a guarantee of assistance.

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**Budget Worksheet**  
**For Last 30 days**  
**To be Filled Out By Client**

**Client Name:**

**Date**

<b>Income</b>		<b>Expenses</b>	
Job Employment, FT/PT, Day Labor, Baby Sitting, Yard Work, Houskeeping, Etc.	\$	Rent/Mortgage, Taxes on Home, Ins on Home	\$
Social Security (SS, SSI, SSDI)	\$	Electricity, Gas Propane, Wood/Pellets, Water, Other Utility	\$
Welfare (Cash Assistance, GA)	\$	Car Payment, Car Ins. Gas, Bus Fare	\$
VA (Veterans Compensation)	\$	Child Care, Child Support, Education, Child School Activities	\$
Unemployment Compensation	\$	Food, Pet Supplies, Clothing, Diapers, Personal Items	\$
Child Support/Alimony	\$	Medical, Dental, Life/Health Ins	\$
School Loan(s) or Educational Grant	\$	Telephone/ Internet Services	\$
Section 8 Utility Allowance	\$	Other Utilities: Cable, TV, etc	\$
Gifts/Donations	\$	Recreation/Entertainment/DVD Rental/Live Streaming	\$
Other/Tribal Stipends	\$	Loans/Credit Cards	\$
Food Stamps	\$	Court Fees	\$
WIC	\$	Other	\$
<b>Total Income</b>	<b>\$</b>	<b>Total Expenses</b>	<b>\$</b>
<b>Difference in Income to Expenses</b>	<b>\$</b>	<b>Percent of Rent/Net Income</b>	<b>%</b>

## Coconino County Community Services Application for Service

<b>PROGRAM(s) APPLYING FOR:</b>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<b>PROGRAM:</b>	<b>SERVICES INCLUDE:</b>	
		SOCIAL SERVICES	Rental/Mortgage/Utility (including deposits) Assistance	<i>Form A</i>
		SENIOR SERVICES	Case Management, Senior Nutrition, Homecare Services	<i>Form B</i>
		EMPOWERMENT	Basic Business Empowerment, Individual Development Accounts	<i>Form C, Form C1 (BBE), C2 (IDA)</i>
		HOUSING REHAB	Owner Occupied Housing Rehabilitation	<i>Form D</i>

<b>NUMBER OF ADULTS LIVING IN HOUSEHOLD:</b> <input style="width: 40px;" type="text"/> <b>NUMBER OF CHILDREN LIVING IN HOUSEHOLD:</b> <input style="width: 40px;" type="text"/> <b>TOTAL FAMILY SIZE:</b> <input style="width: 40px;" type="text"/>	<b>Date moved to Coconino County (mm/dd/yy)</b> _____ <b>Date moved to Arizona (mm/dd/yy):</b> _____
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Do you work for Coconino County?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what department?	_____
Does any family member work for Coconino County?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what department?	_____
Do any family or friends work for Community Services?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, what is their name?	_____
Do you live on a reservation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, which one?	_____
Is anyone in your household 60 or over?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	If yes, which one?	_____

***Please complete the following sections with the Applicant information ONLY:***

<b>APPLICANT NAME:</b> _____	<b>APPLICATION DATE:</b> _____
<i>First</i> <i>M.I.</i> <i>Last</i>	
<b>PHYSICAL ADDRESS:</b> _____	
<b>CITY/STATE/ZIP:</b> _____	_____
<b>MAILING ADDRESS (if different):</b> _____	_____
<b>CITY/STATE/ZIP:</b> _____	_____

## Coconino County Community Services Application for Service

**HOME PHONE NUMBER:** \_\_\_\_\_ **EMAIL ADDRESS:** \_\_\_\_\_

**CELL PHONE NUMBER:** \_\_\_\_\_ **CELL PHONE PROVIDER:** \_\_\_\_\_

Would you accept texts as a way to contact you?  YES  NO

**SSN#:** \_\_\_\_\_ **BIRTH DATE** (MM/DD/YEAR): \_\_\_\_\_

**PRIMARY LANGUAGE SPOKEN:** \_\_\_\_\_

**HOUSING STATUS:**

<input type="checkbox"/>	Own
<input type="checkbox"/>	Rent
<input type="checkbox"/>	Homeless
<input type="checkbox"/>	Subsidized
<input type="checkbox"/>	No-Pay
<input type="checkbox"/>	Other - Please describe: _____

**MARITAL STATUS:**

<input type="checkbox"/>	Single	<input type="checkbox"/>	Widowed
<input type="checkbox"/>	Married	<input type="checkbox"/>	Other
<input type="checkbox"/>	Divorced		

**FAMILY TYPE:**

<input type="checkbox"/>	Single Adult	<input type="checkbox"/>	Multiple Adults, with Children
<input type="checkbox"/>	Single Parent	<input type="checkbox"/>	Grandparent raising Grandchild
<input type="checkbox"/>	Two-Parent Household	<input type="checkbox"/>	Extended Family (Aunts, Uncles, Cousins, In-laws)
<input type="checkbox"/>	Two Adults, No Children	<input type="checkbox"/>	Multi-Generational (Grandparents, Parents, Children)
<input type="checkbox"/>	Multiple Adults, No Children		

**ARE YOU IN NEED OF LEGAL SERVICES?** If yes, what kind?

YES NO

Financial (Collections, Bankruptcy)  
 Housing (Evictions, landlord/tenant rights)  
 Criminal  
 Consumer Protection (Scams/Identity Theft)  
 Income (Social Security/Disability, Workers  
 Comp)

Vehicle (Accidents, Repossessions)  
 Employment Law  
 Wills/Power of Attorney  
 Family (Divorce, Separation, Custody, Support,  
 Domestic Violence)

## Coconino County Community Services Application for Service

PLEASE COMPLETE THE FOLLOWING FOR ALL FAMILY/HOUSEHOLD MEMBERS:

Relationship to Applicant	First Name	MI	Last Name	SSN#	Veteran	Active Military	Gender	DOB	Disabled	Last Grade Completed	Race	Ethnicity	Health Ins.
					Y/N	Y/N	M/F	MM/DD/YY	Y/N	<i>Use Guide Below</i>		Y/N	<i>Type (See Guide)</i>
1													
2													
3													
4													
5													
6													
7													
8													
9													

**GUIDE:**

**RACE:** WH - White  
 BL - Black/African-American  
 AI - American Indian/Alaska Native  
 AS - Asian  
 NH - Native Hawaiian/Other Pacific Islander  
 OT - Other  
 MR - Multi/Mixed Race

**ETHNICITY:** HL - Hispanic or Latino  
 NH - Not Hispanic or Latino

**LAST GRADE COMPLETED:** EL - 0-8th Grade  
 HS - 9-12th Grade  
 HSG - High School Graduate/GED  
 PS - Some Post Secondary  
 AD - College Graduate - Associates' (2 year)  
 BD - College Graduate - Bachelors' (4 year)  
 MD - College Graduate - Masters' (6 year)

**HEALTH INSURANCE** Indian Health Services (IHS)  
**TYPE:** Medicaid  
 Medicare  
 AHCCCS  
 State Child Health Insurance  
 Military Health Care (VA, Tricare)  
 Direct Purchase  
 ACA Subsidy  
 Employment  
 None

## Coconino County Community Services Application for Service

PLEASE LIST ALL FAMILY/HOUSEHOLD INCOME:

Name of Family Member	Employer/ Source of Income	Address/Phone	Frequency of Pay (Weekly, Biweekly, Monthly, etc.)	Employment Status (Full-time, Part-time, On-Call, Seasonal, Internship, Work Study)	If unemployed, when was your last date of work?
1					
2					
3					
4					
5					

## Form A: Social Services Intake Application

FRONT DOOR REFERRAL:  YES  NO

Do you live in Subsidized Government Housing (Conventional or Section 8)  YES  NO  
 If yes, do you receive a separate check for utilities? Amount? \$ \_\_\_\_\_  YES  NO

**YOU MUST PROVIDE YOUR CURRENT SECTION 8 WORKSHEET.**

Check boxes for requested assistance and complete required information:

**FOR ANY UTILITY ASSISTANCE:**

**1. WHAT IS YOUR ONE MAIN SOURCE OF HEAT?**

<input type="checkbox"/> Electric	<input type="checkbox"/> Propane	<input type="checkbox"/> Other (Please describe) _____
<input type="checkbox"/> Gas	<input type="checkbox"/> Wood	

**2. COMPANY (MAIN HEAT SOURCE ONLY)** \_\_\_\_\_

**3. ACCOUNT NUMBER:** \_\_\_\_\_

**4. DISCONNECTED/SHUT-OFF**  YES  NO

**5. PAST-DUE/SHUT-OFF NOTICE/NEARLY OUT OF FUEL?**  YES  NO \_\_\_\_\_ % Propane

**6. ELECTRIC COMPANY NAME (if not main heating source):** \_\_\_\_\_

**7. ACCOUNT NUMBER:** \_\_\_\_\_

**FOR UTILITY DEPOSITS ONLY:**

Electric Account #: _____	Deposit Amount: _____
Gas Account #: _____	Deposit Amount: _____

**FOR RENTAL/MORTGAGE ASSISTANCE ONLY:**

Landlord Name/Mortgage Company \_\_\_\_\_

Address \_\_\_\_\_

Telephone # and Fax # \_\_\_\_\_

**PLEASE EXPLAIN IN DETAIL THE CRISIS/CIRCUMSTANCES YOU ARE CURRENTLY EXPERIENCING:**  
*(continue on back of page if additional space is needed)*

## Form A: Social Services Intake Application

### APPLICANT'S STATEMENT OF TRUTH

Under penalty of perjury and acknowledged by my signature below, I swear and affirm that the statements made regarding the persons in my home, and the income, resources, and all other items that pertain to my possible eligibility for benefits are true and correct to the best of my knowledge. If through Coconino County Community Services' verification of information it is discovered that any income, household members or other information was left out or misrepresented, the client will be denied services on that day and suspended from applying for services for one year from that application date.

Bajo penalidad de perjurio v reconocido por mi firma abajo, yo juro o afirmo que las declaraciones hechas en cuanto a las personas en mi hogar, y los ingresos, los recursos, propiedad y todas cosas demás que pertenecen a mi elegibilidad posible por beneficios son verdades y ciertas según mi leal entender y saber.

**SIGNATURE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

\*FOR DEPARTMENT USE ONLY\*

PHONE INTAKE NAME: \_\_\_\_\_

DATE: (MM/DD/YYYY) \_\_\_\_\_



**COCONINO COUNTY COMMUNITY SERVICES**  
 2625 N. King Street  
 Flagstaff, Arizona 86004  
 (928) 679-7425 Fax: (928) 679-7461

**AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, THE UNDERSIGNED, understand that it may be necessary for COCONINO COUNTY COMMUNITY SERVICES and its authorized agents to obtain information from other agencies and entities in order to determine eligibility for assistance I have requested from COCONINO COUNTY COMMUNITY SERVICES.

I authorize and request any public, governmental, or private institution and its authorized agents, including but not limited to:

- Other Social Service Agencies
- Military Personnel
- Physicians
- Utility Companies
- Hospitals
- Employers
- Credit Bureaus
- Landlords and Their Agents
- Advocacy Agencies

To give **COCONINO COUNTY COMMUNITY SERVICES** or its authorized agent any and all information which it may request in the form of oral or written reports, opinion, findings, personnel and employment records, military records, credit records, all medical records, statement of charges or otherwise or rental records, regarding any incident about which you may have knowledge, information or access, or about which you may have rendered services or consultation.

I, THE UNDERSIGNED, also understand that it may be necessary for **COCONINO COUNTY COMMUNITY SERVICES** or its authorized agents to release information obtained from me or authorized sources to other assistance programs in order to obtain assistance through **COCONINO COUNTY COMMUNITY SERVICES** and the various assistance programs which it administers.

Though I hereby waive any privilege I have to this information to **COCONINO COUNTY COMMUNITY SERVICES**, you are further requested to disclose no information to any other person without written authority from me (pursuant to privilege and confidential communication statutes).

A Photocopy or other chemical reproduction of this authorization shall serve in its stead.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**SELF ASSESSMENT TOOL: (To be completed by Applicant) Please put a check mark next to the statement in each category that best describes your current situation TODAY (one (1) choice per category). If a category does not apply to your situation for i.e. if you have no children - in the Childcare Category, please put N/A for Not Applicable.**

Applicant's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

**Food**

1. Household has no food and no means to store/prepare it.
2. Household has no food.
3. Relies to a significant degree on other sources of free or low-cost food. Unaware of available food subsidies, i.e. WIC, food stamps, etc.
4. Household relies only on food stamps or other regular food subsidy to meet basic needs, ie. WIC, Senior Brown bags, etc.
5. Household is on Food Stamps and with income able to meet basic needs but requires occasional assistance.
6. Household is on food stamps and with income able to meet basic food needs.
7. Household is not on food stamps and with income is able to meet basic food needs with occasional food assistance.
8. Can meet basic food needs without any type of assistance.
9. Can meet all food needs without any type of assistance.
10. Can choose to purchase any food household desires.

**Transportation**

1. Transportation, public or private, is NOT available
2. Transportation is available but all three of the following categories apply: Unreliable, Inaccessible, unaffordable.
3. Transportation is available and one of the following categories apply: Reliable, Affordable, Accessible.
4. Transportation is available and two of the following categories apply: Reliable, Affordable, Accessible.
5. Transportation is available to meet basic needs but may require intermittent or one time assistance and all of the following categories apply: Reliable, Affordable, Accessible.
6. Transportation is available to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
7. Transportation is available to meet all needs and one of the following categories apply: Reliable, Affordable, Accessible.
8. Transportation is available to meet all needs and two of the following categories apply: Reliable, Affordable, Accessible.
9. Transportation is available to meet all needs and all of the categories apply: Reliable, Affordable, Accessible.

10. Transportation is available, household has alternative methods of transportation or multiple vehicles and all of the following categories apply: Reliable, Affordable, Accessible.

**Child or Other Dependent Care**

1. Childcare, public or private, is NOT available.
2. Childcare is available but all three of the following categories apply: Unreliable, Inaccessible, Unaffordable.
3. Childcare is available and one of the following categories apply: Reliable, Accessible, Affordable.
4. Childcare is available and two of the following categories apply: Reliable, Accessible, Affordable.
5. Childcare is available but may require intermittent or one time assistance to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
6. Childcare is available to meet basic needs and all of the following categories apply: Reliable, Affordable, Accessible.
7. Childcare is available to meet all needs and one of the following categories apply: Reliable, Affordable, Accessible.
8. Childcare is available to meet all needs and two of the following categories apply: Reliable, Affordable, Accessible.
9. Childcare is available to meet all needs and all of the following categories apply: Reliable, Affordable, Accessible.
10. Childcare is available, household has multiple options for childcare and all of the following categories apply: Reliable, Affordable, Accessible.
11. Not Applicable (N/A)

**Housing (Continued on Next Page)**

1. Homeless: Sleeping in a place not designed for or ordinarily used as a regular sleeping accommodation (car, tent, alley, park, street); Living in a shelter designated to provide temporary living arrangement.
2. Threatened with eviction/foreclosure or eminent exit of transitional housing: Do not have sufficient resources or support networks immediately available to prevent literal homelessness as defined in category.
3. Housed and none or one of the following apply: Safe, Affordable, Marginally adequate.

**SELF ASSESSMENT TOOL: (To be completed by Applicant) Please put a check mark next to the statement in each category that best describes your current situation TODAY (one (1) choice per category). If a category does not apply to your situation for i.e. if you have no children - in the Childcare Category, please put N/A for Not Applicable.**

Applicant's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

4. Housed and two of the following apply: Safe, Affordable, Marginally adequate.
5. Housed but may require intermittent or one time assistance and all of the following apply: Safe, Affordable, Marginally Adequate.
6. Housed and all of the following apply: Safe, Affordable, Marginally Adequate.
7. Housed and all of the following apply: Safe, Affordable, Adequate.
8. Housed (unsubsidized) and all of the following apply: Safe, Affordable, Adequate.
9. Housing of choice (unsubsidized), including all of the following: Safe, Affordable, More than adequate.
10. Home ownership, including all of the following: Safe, Affordable, More than adequate.

#### **Employment**

1. Unable to work due to severe disability, mental illness, medical condition, etc.
2. Unemployed with limited ability to work due to physical disability, mental illness, medical condition, etc.
3. Unemployed with limited job skills and/or poor work history.
4. Unemployed with job skills and/or good work history.
5. Employed (less than 32 hours per week) with no benefits, limited job skills, and/or poor work history.
6. Employed (less than 32 hours per week) with some benefits with limited job skills and/or good work history.
7. Employed (32 or more hours per week) with no benefits with adequate job skills and/or good work history.
8. Employed (32 or more hours per week) with some benefits with adequate job skills and/or good work history.
9. Fully employed (40 or more hours a week) with full benefits with good job skills, work history, and opportunities for advancement.
10. Fully employed (40 or more hours a week) with full benefits in a field of choice with good job skills, work history, and opportunities for advancement.

#### **Health Care**

1. No medical insurance coverage with immediate unmet health issues and no means to fill needed prescriptions.
2. No medical insurance coverage, has health insurance, and no means to fill needed prescriptions.
3. No medical insurance coverage, has health issues, would need ongoing assistance with any needed prescriptions.
4. No medical insurance coverage, have no health issues.
5. Some household members are covered by Federal/State insurance programs.
6. Entire household covered by Federal/State medical insurance programs.
7. Entire household covered by private insurance by co-pays are sometimes unaffordable and may require 1 time or intermittent assistance.
8. Entire household covered by private insurance and able to obtain medical are when needed, but unexpected events may strain budget.
9. Affordable private medical insurance coverage with low or affordable co-pays and deductibles.
10. Affordable private, dental, vision, and prescription insurance coverage with low or affordable co-pays and deductibles.

#### **Adult Education/Training**

1. Less than 8<sup>th</sup> grade education, no GED, and learning disabled, literacy problems, or language barriers.
2. Completed 8<sup>th</sup> grade, no GED, no high school diploma
3. Completed some high school, limited reading and writing ability, no diploma or GED.
4. Completed some high school or pursuing GED.
5. GED
6. High School Diploma
7. Some college credit and/or vocational training but not completed or actively pursuing.
8. Enrolled and actively pursuing the completion of college, vocational training/certification program.
9. Completed AA or vocational/certification program.
10. Bachelor's or advanced degree.

**SELF ASSESSMENT TOOL: (To be completed by Applicant) Please put a check mark next to the statement in each category that best describes your current situation TODAY (one (1) choice per category). If a category does not apply to your situation for i.e. if you have no children - in the Childcare Category, please put N/A for Not Applicable.**

Applicant's Name: \_\_\_\_\_

Date of Application: \_\_\_\_\_

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

### **Financial Knowledge/Management**

1. Crisis – no knowledge or awareness of financial knowledge/management
2. Crisis - minimal awareness of financial knowledge/management and no skill
3. Vulnerable – limited awareness of financial knowledge/management – no savings to address emergencies
4. Vulnerable – limited awareness of financial knowledge/management with limited savings to address emergencies
5. Safe – awareness of financial knowledge/management with savings to address emergencies/maintenance
6. Safe – awareness of financial knowledge/management with savings to address emergencies/maintenance and has a developed budget
7. Stable – practicing financial management strategies to address emergencies/maintenance and following a budget
8. Stable – practicing financial management strategies to address emergencies/maintenance and addressing long term planning.
9. Empowered – practicing financial management strategies to ensure up to 3 months of savings is available to address living expenses, emergencies, maintenance.
10. Empowered – practicing financial management strategies and more than 3 months of savings is available to address living expenses, emergencies, maintenance, and other assets exist