

FFT™ Financial Health Assessment (Baseline Profile)

(Required elements are underlined.)

Client Name: _____

Assessment Date: _____

(See the CFPB Financial Well-Being Scale and the UW Financial Capability Scale forms for the first 5 sections.)

BANKING INFORMATION

Do you presently have a checking account with a bank or a credit union? Yes* No**

***If yes, do you bounce checks frequently (at least once a month for the past 3 months)?** Yes No

****If no, have you ever had a checking account?** Yes No

****If no, what is the main reason for not having one?**

- In ChexSystems
- Transactions take too long
- Not sure how to set one up
- Fees too high
- Don't like dealing with bank personnel
- Not enough money to make account useful
- Other

Do you presently have a savings account with a bank or a credit union? Yes No

Notes:

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