

# 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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