



# SPARKPOINT® WELCOME FORM

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

This information is used to serve you more effectively and is only used for SparkPoint programs. All information you provide on this form is kept confidential and will not be shared without prior consent. Please see a staff member for questions.

## PERSONAL INFORMATION

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Gender: ☐ Female ☐ Male ☐ Other: \_\_\_\_\_

Address: \_\_\_\_\_ Apt/Unit #: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Cell Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Work Phone: (\_\_\_\_) \_\_\_\_ - \_\_\_\_

Email: \_\_\_\_\_

Are you a veteran? ☐ Yes ☐ No

Are you an active military personnel? ☐ Yes ☐ No

Marital Status: ☐ Single ☐ Living with a partner ☐ Married/Domestic partnership

Race/Ethnicity: ☐ African American ☐ African ☐ Middle-Eastern/Arab ☐ Caucasian ☐ Latino  
☐ Decline to State ☐ Native American ☐ Asian ☐ Native Hawaiian/Pacific Islander  
☐ Multi-racial ☐ Other: \_\_\_\_\_

Would you identify as being of Hispanic, Latino, or Spanish origin? ☐ Yes ☐ No ☐ Decline to State

Primary Language Spoken At Home: \_\_\_\_\_ Is everyone in your household enrolled in health insurance? ☐ Yes ☐ No

How did you hear about the SparkPoint Center?

☐ 2-1-1 ☐ Workshop ☐ Flyer/brochure ☐ Nonprofit agency/staff ☐ Local business  
☐ Event ☐ Friend/family ☐ Walk-in ☐ TV/news ☐ Social media/Internet

If referred, what is the name of the person, workshop or agency? \_\_\_\_\_

## EDUCATION AND INCOME INFORMATION

What is your highest level of education completed? (Check ONE)

☐ Eighth grade or less ☐ Some high school ☐ High school diploma/GED ☐ Some college  
☐ Two-year degree ☐ Trade/vocational certification ☐ Four-year degree ☐ Graduate/Professional degree

Are you currently in school or training? Yes ☐ No ☐

Are you currently enrolled in public benefits? Yes ☐ No ☐

Are you currently employed? Yes ☐ No ☐

## INTERESTS AND GOALS

Check all that apply

(Speak with a staff member to see which services are available at your center)

☐ Enrolling in college/school ☐ Finding a job/career ☐ Getting job training  
☐ Healthcare enrollment ☐ Improving credit ☐ Learning to budget  
☐ Public benefits ☐ Reducing debt ☐ Other: \_\_\_\_\_

For SparkPoint Colleges Only: College ID \_\_\_\_\_

For SparkPoint Staff Only: SP Location \_\_\_\_\_ Initials \_\_\_\_\_ Date \_\_\_\_\_ ☐ Orientation ☐ Workshop

version 12/01/2019



This information is used to serve you more effectively, and to help us understand where you are starting.  
To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

## EMPLOYMENT INFORMATION

Are you employed? ☐ Yes ☐ No If yes, please complete the fields below:

Employer 1: \_\_\_\_\_ Job 1 Zip code: \_\_\_\_\_

☐ Full-time ☐ Part-time ☐ Self-employed \$/hour: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Industry type: \_\_\_\_\_ Position Type: \_\_\_\_\_

Employment type? ☐ Permanent ☐ Temporary ☐ Contract ☐ Seasonal

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer 2: \_\_\_\_\_ Job 2 Zip code: \_\_\_\_\_

☐ Full-time ☐ Part-time ☐ Self-employed \$/hour: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Industry type: \_\_\_\_\_ Position Type: \_\_\_\_\_

Employment type? ☐ Permanent ☐ Temporary ☐ Contract ☐ Seasonal

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employer 3: \_\_\_\_\_ Job 3 Zip code: \_\_\_\_\_

☐ Full-time ☐ Part-time ☐ Self-employed \$/hour: \_\_\_\_\_ Hours worked per week: \_\_\_\_\_

Industry type: \_\_\_\_\_ Position Type: \_\_\_\_\_

Employment type? ☐ Permanent ☐ Temporary ☐ Contract ☐ Seasonal

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

## EDUCATION & TRAINING INFORMATION

Are you enrolled in school/training? ☐ Yes ☐ No If yes, please complete the fields below:

Institution 1: \_\_\_\_\_ Major/Certificate Name: \_\_\_\_\_

☐ Full-time ☐ Part-time Hours per week: \_\_\_\_\_

Degree/Certificate Type: ☐ Certificate ☐ AA/AS Degree ☐ BA/BS Degree

Degree/Certificate Status: ☐ Completed ☐ In progress ☐ Withdrew ☐ Other Received certificate/degree? ☐ Yes ☐ No

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution 2: \_\_\_\_\_ Major/Certificate Name: \_\_\_\_\_

☐ Full-time ☐ Part-time Hours per week: \_\_\_\_\_

Degree/Certificate Type: ☐ Certificate ☐ AA/AS Degree ☐ BA/BS Degree

Degree/Certificate Status: ☐ Completed ☐ In progress ☐ Withdrew ☐ Other Received certificate/degree? ☐ Yes ☐ No

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Institution 3: \_\_\_\_\_ Major/Certificate Name: \_\_\_\_\_

☐ Full-time ☐ Part-time Hours per week: \_\_\_\_\_

Degree/Certificate Type: ☐ Certificate ☐ AA/AS Degree ☐ BA/BS Degree

Degree/Certificate Status: ☐ Completed ☐ In progress ☐ Withdrew ☐ Other Received certificate/degree? ☐ Yes ☐ No

Start Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ End Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

### For Sparkpoint Staff Only:

Staff Initials: \_\_\_\_\_

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

### Employed Prior to Program Enrollment?

Employment 1: ☐ Yes ☐ No

Employment 2: ☐ Yes ☐ No

Employment 3: ☐ Yes ☐ No

### Enrolled in Education/Training Prior to Program Enrollment?

Education/Training 1: ☐ Yes ☐ No

Education/Training 2: ☐ Yes ☐ No

Education/Training 3: ☐ Yes ☐ No



# SPARKPOINT® BASELINE

## ASSETS, DEBT, EXPENSES & CREDIT

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

This information is used to serve you more effectively, and to help us understand where you are starting.  
To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

### SAVINGS AND ASSETS INFORMATION

#### Do you have any of the following accounts?

(Please check all that apply)

	Total Balance
<input type="checkbox"/> Checking	\$ _____
<input type="checkbox"/> Cash savings	\$ _____
<input type="checkbox"/> Prepaid debit card	\$ _____
<input type="checkbox"/> Savings	\$ _____
<input type="checkbox"/> Stipend	\$ _____
<input type="checkbox"/> Individual Development Account (IDA)	\$ _____
<input type="checkbox"/> Retirement Account	\$ _____
<input type="checkbox"/> Investments	\$ _____
<input type="checkbox"/> Education Fund (self or your children)	\$ _____
<input type="checkbox"/> All Other _____	\$ _____

**Total Savings**

\$ \_\_\_\_\_

#### Do you own a vehicle?

☐ Yes ☐ No Estimated value \$ \_\_\_\_\_

#### Do you own a home?

☐ Yes ☐ No Estimated value \$ \_\_\_\_\_

### DEBT INFORMATION

Please check all that apply. Then list the balance and minimum monthly payments due.

	Total Balance	Minimum Monthly Payment Due
<input type="checkbox"/> Credit Card Debt		
Credit Card #1 Name _____	\$ _____	\$ _____
Credit Card #2 Name _____	\$ _____	\$ _____
Credit Card #3 Name _____	\$ _____	\$ _____
Credit Card #4 Name _____	\$ _____	\$ _____
Credit Card #5 Name _____	\$ _____	\$ _____
<input type="checkbox"/> Personal Loan (friend, relative)	\$ _____	\$ _____
<input type="checkbox"/> Student Loans	\$ _____	\$ _____
<input type="checkbox"/> Mortgage	\$ _____	\$ _____
<input type="checkbox"/> Vehicle Loan	\$ _____	\$ _____
<input type="checkbox"/> Medical Debt	\$ _____	\$ _____
<input type="checkbox"/> Back Taxes	\$ _____	\$ _____
<input type="checkbox"/> Payday Lender	\$ _____	\$ _____
<input type="checkbox"/> Utilities Debt	\$ _____	\$ _____
<input type="checkbox"/> Child Support Owed	\$ _____	\$ _____
<input type="checkbox"/> Collections Debt	\$ _____	\$ _____
<input type="checkbox"/> All Other Debt _____	\$ _____	\$ _____

**Total Debt**

\$ \_\_\_\_\_

\$ \_\_\_\_\_



## AVERAGE MONTHLY EXPENSES

Please fill in your monthly expenses for all fields. If you do not have expenses in that area, write 0.

### 1. HOUSING AND UTILITIES

Rent \$ \_\_\_\_\_  
 Phone \$ \_\_\_\_\_  
 Electricity/Gas \$ \_\_\_\_\_  
 Water/Sewer \$ \_\_\_\_\_  
 Cable/Internet \$ \_\_\_\_\_  
 Garbage/Waste Removal \$ \_\_\_\_\_  
 Maintenance and Repairs \$ \_\_\_\_\_  
 Home/Renters Insurance \$ \_\_\_\_\_  
 All Other Housing Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 2. FOOD

Groceries \$ \_\_\_\_\_  
 Dining Out \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 3. TRANSPORTATION

Public Transportation/Taxi \$ \_\_\_\_\_  
 Auto Insurance \$ \_\_\_\_\_  
 Car Share or Rental \$ \_\_\_\_\_  
 Fuel \$ \_\_\_\_\_  
 Maintenance \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 4. MEDICAL/DENTAL COSTS

Prescriptions \$ \_\_\_\_\_  
 Health Insurance \$ \_\_\_\_\_  
 Out of Pocket \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 5. EDUCATION

Are you or your spouse in school? ☐ Yes ☐ No  
 Monthly Fees & Tuition \$ \_\_\_\_\_  
 Monthly School Supplies \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 6. CHILDREN

Child Care \$ \_\_\_\_\_  
 Children School Tuition \$ \_\_\_\_\_  
 Children School Supplies \$ \_\_\_\_\_  
 Children Clothing \$ \_\_\_\_\_  
 Children Toys/Games \$ \_\_\_\_\_  
 Child Support Cost \$ \_\_\_\_\_  
 All Children Other Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 7. OTHER EXPENSES

Legal \$ \_\_\_\_\_  
 Donations \$ \_\_\_\_\_  
 Pet Costs \$ \_\_\_\_\_  
 Entertainment \$ \_\_\_\_\_  
 Personal Care Cost (clothing, hair) \$ \_\_\_\_\_  
 Remittance (money you send home) \$ \_\_\_\_\_  
 Miscellaneous Costs \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

### 8. TAXES PAID MONTHLY (FROM PAY STUB)

Federal taxes \$ \_\_\_\_\_  
 State taxes \$ \_\_\_\_\_  
 Local taxes \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  
 Subtotal \$ \_\_\_\_\_

Sum of Expenses Subtotals \$ \_\_\_\_\_

Total Min Monthly Payments \$ \_\_\_\_\_

**Total Expenses** \$ \_\_\_\_\_

## CREDIT SCORE INFORMATION (OPTIONAL)

### Do you know your credit score from Equifax? (FICO score)

☐ Yes, score is \_\_\_\_\_ ☐ I don't have enough credit history to have a score ☐ I don't know my score

### Do you know your credit score from Experian? (FICO score)

☐ Yes, score is \_\_\_\_\_ ☐ I don't have enough credit history to have a score ☐ I don't know my score

### Do you know your credit score from TransUnion? (FICO score)

☐ Yes, score is \_\_\_\_\_ ☐ I don't have enough credit history to have a score ☐ I don't know my score

For Sparkpoint Staff Only: Initials \_\_\_\_\_ Date \_\_\_\_\_



# SPARKPOINT® BASELINE INCOME & BENEFITS

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

This information is used to serve you more effectively, and to help us understand where you are starting.  
To learn more, please see a SparkPoint staff member. All information you provide on this form will be kept confidential.

## PERSONAL AND HOUSEHOLD INFORMATION

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

How many people in the following age ranges live in your household, including yourself?

(Please include everyone you share expenses with and are financially responsible for)

\_\_\_\_ Infants (0-2 years)      \_\_\_\_ Preschoolers (3-5 years)      \_\_\_\_ School-Age Children (6-12 years)  
\_\_\_\_ Teenagers (13-17 years)      \_\_\_\_ Adults (18 and over)

What best describes your living situation?

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Renting                      | <input type="checkbox"/> Own home                     | <input type="checkbox"/> Live with family or friends |
| <input type="checkbox"/> Shelter or temporary housing | <input type="checkbox"/> Section 8/subsidized housing | <input type="checkbox"/> Currently without housing   |

## MONTHLY AVERAGE EARNED INCOME

Your Monthly Earned Average Gross Income: \$ \_\_\_\_\_ Other Household Members Earned Average Gross Income: \$ \_\_\_\_\_

## MONTHLY OTHER SOURCES OF INCOME

Do you or anyone else in your household receive other sources of income? ☐ Yes ☐ No

(Please check all that apply and write in the amount you receive every month)

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Alimony: \$ _____       | <input type="checkbox"/> Investment: \$ _____  | <input type="checkbox"/> Workers Comp: \$ _____     |
| <input type="checkbox"/> Child Support: \$ _____ | <input type="checkbox"/> Pension: \$ _____     | <input type="checkbox"/> Any Other Income: \$ _____ |
|  | <input type="checkbox"/> Scholarship: \$ _____ |   |

## MONTHLY PUBLIC BENEFITS RECEIVED

Do you or anyone else in your household receive public benefits or other sources of income? ☐ Yes ☐ No

(Please check all that apply and write in the amount you receive every month)

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> CalFresh/SNAP: \$ _____      | <input type="checkbox"/> Lifeline Telephone Bill Assistance       | <input type="checkbox"/> Subsidized Childcare         |
| <input type="checkbox"/> CalWORKS/TANF: \$ _____      | <input type="checkbox"/> Medi-Cal                                 | <input type="checkbox"/> Unemployment: \$ _____       |
| <input type="checkbox"/> CARE                         | <input type="checkbox"/> Medicare                                 | <input type="checkbox"/> Utilities/HEAP \$ _____      |
| <input type="checkbox"/> General Assistance: \$ _____ | <input type="checkbox"/> School Lunch                             | <input type="checkbox"/> Veteran's Benefits: \$ _____ |
| <input type="checkbox"/> Head Start                   | <input type="checkbox"/> Social Security/SSDI, SSI, SDI: \$ _____ | <input type="checkbox"/> WIC                          |
|   |   | <input type="checkbox"/> All Other Benefits: \$ _____ |

For Sparkpoint Staff Only:

Monthly Self Sufficiency Standard: \_\_\_\_\_

Staff Initials: \_\_\_\_\_

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

version 6/13/2018



**UWBA ECM SparkPoint  
Service Types**

Service Area	Service Name	Service Type
Administrative	General Engagement and Administration	Case Management
Benefit Access	Advocate for Benefits	Case Management
Benefit Access	Child Care, Drop In	Case Management
Benefit Access	Food Pantry	Case Management
Benefit Access	In-kind Support	Case Management
Benefit Access	ITIN Assistance	Case Management
Benefit Access	Obtain Academic Financial Aid	Case Management
Benefit Access	Obtain Affordable Housing	Case Management
Benefit Access	Obtain Benefits	Case Management
Benefit Access	Receive Holiday Assistance	Case Management
Benefit Access	Tax Advocacy	Case Management
Benefit Access	Tax Preparation	Case Management
Finances	Access Banking/Financial Products	Case Management
Finances	Decrease Debt	Case Management
Finances	Financial Planning	Case Management
Finances	Foreclosure Prevention	Case Management
Finances	IDA	Case Management
Finances	Increase Credit Score	Case Management
Finances	Manage Finances - Budgeting/Spending Plan	Case Management
Finances	Manage Finances - Financial Goals (Including Savings)	Case Management
Finances	Peer Lending Circle	Case Management
Finances	Promise Scholars Financial Game Plan	Case Management
Finances	Purchase a Home	Case Management
Workforce/Education	Acquire Vocational Skills	Case Management
Workforce/Education	Develop Microenterprise	Case Management
Workforce/Education	Guardian Scholars Work Based Learning	Case Management
Workforce/Education	Guardian Scholars Work-Readiness Activities	Case Management
Workforce/Education	Increase Education Level	Case Management
Workforce/Education	Obtain Employment	Case Management

Service Area	Service Name	Service Type
Administrative	Orientation Workshop	Group / Class
Benefit Access	Access to Health Care Workshop	Group / Class
Benefit Access	Financial Aid and Scholarships Workshop	Group / Class
Benefit Access	Taxes Workshop	Group / Class
Finances	1st Time Homebuyer Workshop	Group / Class
Finances	Banking Workshop	Group / Class
Finances	Budgeting Workshop	Group / Class
Finances	Buying a Car Workshop	Group / Class
Finances	Credit Workshop	Group / Class
Finances	Debt Workshop	Group / Class
Finances	Financial and Credit Basics Workshop	Group / Class
Finances	Financial Education Workshop	Group / Class
Finances	Foreclosure Prevention Workshop	Group / Class
Finances	Homebuyer Fair Workshop	Group / Class
Finances	IDA, All Workshop	Group / Class
Finances	Money Matters Workshop	Group / Class
Finances	Promise Scholars Workshop	Group / Class
Finances	Savings Workshop	Group / Class
Workforce/Education	Basic Computer Literacy Workshop	Group / Class
Workforce/Education	Building Sustainable Fathers Workshop	Group / Class
Workforce/Education	Citizenship Workshop	Group / Class
Workforce/Education	Cover Letter and Thank You Note Workshop	Group / Class
Workforce/Education	Email Basics Workshop	Group / Class
Workforce/Education	ESL Workshop	Group / Class
Workforce/Education	Excel Basics Workshop	Group / Class
Workforce/Education	GED Workshop	Group / Class
Workforce/Education	Interviewing Workshop	Group / Class
Workforce/Education	Introduction to Employment Workshop	Group / Class
Workforce/Education	Job Readiness Workshop	Group / Class
Workforce/Education	Job Search Workshop	Group / Class
Workforce/Education	Math Workshop	Group / Class
Workforce/Education	Microsoft Office Specialist Certification Workshop	Group / Class
Workforce/Education	Networking Workshop	Group / Class
Workforce/Education	Online Networking Workshop	Group / Class
Workforce/Education	Parent University Workshop	Group / Class
Workforce/Education	PowerPoint Basics Workshop	Group / Class
Workforce/Education	Resume Workshop	Group / Class
Workforce/Education	Sisters-to-Sisters Workshop	Group / Class
Workforce/Education	Small Business Development Workshop	Group / Class
Workforce/Education	Windows Basics Workshop	Group / Class
Workforce/Education	Word Basics Workshop	Group / Class