



















Several of the questions on our intake form are personal in nature. This information allows us to determine how we can best help you.

- THRIVE is a partnership of organizations that offer you services aimed at increasing your financial security.
- The partners use a single database to collect and share information about your needs and the needs of our community so we can provide you with the best services.
- THRIVE has and follows an Information Security policy to protect your information.
- We give our supporters information about THRIVE activities and our clients' progress. This information never contains your name without your permission.

| THRIVE Interest Form | |
|--|--|
| Name: | |
| First* Midd | e Last* |
| Address*: | City*State* Zip* |
| Email: | Home Phone: |
| Cell: | _ (Circle preferred method of contact) |
| What services are you interested in?* | |
| Free tax preparation Financial education Career Counseling / Employment services Support to start a small business Help with applying to college and/or financial aid Fuel assistance Are you a current member of the Randolph Intergenerational Community Center Gender*:MaleFemale Please select your race and ethnicity (you member) | o Homebuyer education o Apply for public benefits (e.g. SNAP/Foodstamps, MassHealth, etc.) o Other ter (RICC)? Yes No Date of birth: (MM/DD/YYYY)* |
| o White | Black/African American Asian Native Hawaiian or Other Pacific Islander Prefer not to answer |
| What is the primary language you speak at l | nome?* |
| What is the highest level of education that y | ou have completed?* |
| Some high school or less Vocational or professional degree or certificate Associate's degree Masters or Doctoral degree Are you currently a student?* | High school diploma/GED/HISET Some college Bachelor's degree |
| o No o Yes o I would | like to enroll in a higher education program |

| o No o Yes o I am still serving in the U.S. | Military | | | |
|--|-------------|----------|--------------------------|--|
| Including yourself, how many adults live in your household? | | | | |
| How many living with you are under 18?* | | | | |
| | | | | |
| What is your monthly household income?* | | | tal amazunt af | |
| Please estimate your TOTAL monthly income for all household income your family has available to pay for bills during the mor | | (me to | tai amount oi | |
| What is your employment status?* | | | | |
| o Working one full time job (35+ hours per week) o Working one part-time | | | | |
| o Working more than one job | o lam ci | urrently | not working | |
| Do you currently have a checking account?*Yes | No | | | |
| Do you currently have a savings account?*Yes | | | | |
| | | | | |
| A/l t. ! ! t - t 0 | | | | |
| What is your housing status? | l ive with | friends | /relatives | |
| o Rent o Own a home o | Live with | friends | /relatives | |
| o Rent o Own a home o | Live with | friends. | /relatives | |
| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation | | | /relatives | |
| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation I am worried about losing my house or apartment in the same of the s | | | /relatives | |
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| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation I am worried about losing my house or apartment in a lam homeless Have you moved in the last 6 months? | the next 30 | | /relatives Don't Know | |
| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation I am worried about losing my house or apartment in a lam homeless Have you moved in the last 6 months? | the next 30 |) days | | |
| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation I am worried about losing my house or apartment in an analysis of the last 6 months? Yes Does your family currently use any of the following? | the next 30 |) days | | |
| Rent Own a home How would you describe your housing situation?* I have a satisfactory housing situation I would like to change my housing situation I am worried about losing my house or apartment in an analysis I am homeless Have you moved in the last 6 months? Yes Does your family currently use any of the following? SNAP (also known as "food stamps") | the next 30 |) days | | |
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