

Privacy Notice

The Consumer Financial Protection Bureau (“CFPB” or “Bureau”) is gathering data to learn more about your experiences with the CFPB Financial Coaching Initiative. Your participation in this survey will provide the Bureau with a deeper understanding of the impact of coaching services on host sites and referral partners.

Participation is voluntary. You are not required to participate, and no identifying information will be collected.

Paperwork Reduction Act Statement

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and not withstanding any other provision of law a person is not required to respond to a collection of information unless it displays a valid OMB control number. The OMB control number for this collection is 3170-0036. It expires on 8/31/2019. The time required to complete this information collection is estimated to average approximately 30 minutes per response. Comments regarding this collection of information, including the estimated response time, suggestions for improving the usefulness of the information, or suggestions for reducing the burden to respond to this collection should be submitted to the Consumer Financial Protection Bureau (Attention: PRA Office), 1700 G Street NW, Washington, DC 20552, or by email to PRA_Comments@cfpb.gov.

Please do not share any Personally Identifiable Information (PII), including, but not limited to, name, address, phone number, email address, etc. on this survey.

Section One: Local Relationship		
Question Type	Question	Response(s)
Multiple Choice	1. How did you first learn about the CFPB’s financial coaching program?	A. Call or email directly from coach B. Event or workshop with coach C. Recommendation from other organization D. Marketing materials (business card, brochure, website, etc.) E. Don’t remember F. Other (please specify)
Choose up to 3	2. What categories best describe your organization? (choose up to 3)	A. Non-Profit (501(c)3) B. City Government C. State Government D. Federal Government E. Healthcare F. Higher Education G. Legal Services H. Faith-Based I. Active Duty Military J. Reserve Component

		K. Veteran Only
Choose all that apply	3. Please select your organization's service areas that referred clients to our coaching program.	A. Workforce Development B. Public Assistance Programs C. Homeownership D. Tax Time Support (includes Volunteer Income Tax Assistance or VITA) E. Small Business Development F. Student Services G. Mental Health Services H. Addiction/Rehabilitation Services I. Veteran Benefits J. Other (please specify)
Sliding Scale	4. How important was each of the following considerations in your organization's decision to partner with the coaching service? <i>(Not important, Somewhat important, Important, Extremely important)</i>	A. Program's affiliation with the CFPB B. Coach's credentials (Accredited Financial Counselor or AFC /Financial Fitness Coach or FFC certifications) C. Focus on Veterans D. Individual coach's experience and background E. Financial coaching addressed a service gap for my organization's clients F. Coaching program's relationships with other local organizations
Contingent: Multiple Choice <i>(only ask if options H and/or I are chosen in Section 1 Question #2)</i>	5. Please identify the options that best reflect your organization's connections to the Servicemember Community.	A. Vet Center B. Veteran Treatment Court C. Veterans Affairs Hospital D. State/County Veteran Services E. Non-Profit Veteran Program/Organization G. Other (please specify)
Section Two: Integration		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>
Matrix	1. What does your organization's partnership with your local coach look like? (each option has Yes/No/Not Sure)	A. We refer clients to the coach B. The coach offers 1:1 coaching at my organization C. The coach gives presentations and/or workshops for my organization D. The coach has regularly scheduled hours at my organization E. Other (please specify)
Multiple Choice	2. Which of these categories best describes how your organization encouraged clients to meet with the coach?	A. Clients were required to participate in coaching to access services or benefits

		<ul style="list-style-type: none"> B. Clients were offered an incentive to participate in coaching C. Clients received information about coaching, but there was no incentive or requirement for clients to meet with the coach D. Other (please specify) E. Not sure
Multiple Choice	3. How would you describe the integration of coaching into your organization's existing services?	<ul style="list-style-type: none"> A. All clients were offered coaching (for example, coaching options were included on intake forms) B. Most clients were offered coaching C. Some clients were offered coaching D. Very few clients were offered coaching E. Not sure
Multiple Choice	4. Did your organization have a process for identifying which clients to connect to the Financial Coach?	<ul style="list-style-type: none"> A. Yes B. No
Open response	5. How did staff at your organization identify which clients to connect to the Financial Coach?	
Section Three: Sustainability		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>
Multiple Choice	1. How beneficial do you believe financial coaching services have been to the clients your organization serves?	<ul style="list-style-type: none"> A. Very beneficial B. Beneficial C. A little beneficial D. Not at all beneficial E. Not sure
Multiple Choice + Optional Explain	<p>2. If the program did not end in March, would you continue to partner with the financial coach?</p> <p>[include an optional "please explain" box with this question]</p>	<ul style="list-style-type: none"> A. Yes B. No C. Maybe D. Not sure
Multiple Choice	3. Is your organization actively seeking to continue financial coaching or a similar service in your community?	<ul style="list-style-type: none"> A. Yes B. No
Multiple Choice	4. Does a similar service already exist in your community that adequately replaces the CFPB Financial Coaching Program?	<ul style="list-style-type: none"> A. Yes B. No C. Not sure
Contingent: Open Response (<i>Only ask if respondent answers</i>)	5. What challenges or barriers could you or have you faced in attempting to ensure Financial Coaching services stay in your community?	

"yes" to Section 3, Question #3)		
Section Four: Overall Experience, feedback and suggestions		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>
Open Response	1. What aspects of this program helped make it successful?	
Open Response	2. What aspects of this program created challenges or barriers to success?	
Section Five: Demographics		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>
Multiple Choice	1. What best describes your role in your organization?	A. Administrator B. Program Manager C. Front-Line Service Provider A. Other (write in)
Multiple Choice	2. What type of community is your site/program?	B. Urban C. Semi-Urban/Suburban D. Rural
Multiple Choice	3. What percentage of your organization's clients would you estimate are below the poverty level? (For state-by-state guidance on Federal Poverty Levels, please see https://www.federalregister.gov/documents/2018/01/18/2018-00814/annual-update-of-the-hhs-poverty-guidelines)	A. 80-100% of my organization's clients have a household income at or below Federal poverty level B. 50-80% of my organization's clients have a household income at or below Federal poverty level C. Less than 50% of my organization's clients have a household income at or below Federal poverty level D. Not sure
Multiple Choice	4. In what region is your site/program located?	A. Mid Atlantic (DC, MD, NJ, NY, PA, VA, WV) B. Midwest (IL, IN, MI, MN, MO, OH, WI) C. Mountain (AZ, CO, NV, OK, TX) D. New England (CT, ME, MA, NH, RI, VT) E. Plains (ID, KS, MT, NE, ND, SD) F. South (AL, AR, FL, GA, KY, LA, MS) G. West Coast (AK, CA, HI, OR, WA)