

## 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](mailto: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: Overall experience and program implementation		
Question Type	Question	Response(s)
Multiple Choice	1. To what extent did the CFPB Financial Coaching Program meet your organization’s expectations?  [include an optional “please explain” box with this question]	A. Completely B. Mostly C. Somewhat D. Not at all E. Not sure
Multiple Choice	2. What population did your local coach serve?	A. Only Veterans B. Only Economically Vulnerable Consumers C. Both Veterans and Economically Vulnerable Consumers  D. Not sure
Multiple Choice	3. Since the start of the coaching program, did the coach at your site ever change (for example, due to turnover or replacement)?	A. Yes B. No C. Not sure
Contingent Matrix ( <i>ask only if respondent answered “yes” to</i> )	4. What impact did coach turnover or replacement have on the partnership at your organization? ( <i>Improved, No impact, Weakened, Not sure</i> )	A. Quality of coaching services B. Coaching program’s relationship with my organization

<i>Section One Question #3)</i>		
Open Response	5. What aspects of this program helped make it successful?	
	6. What aspects of this program created challenges or barriers to success?	
<b>Section Two: Integration</b>		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>
Matrix	1. What does your organization's partnership with your financial 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 leads presentations and/or workshops for my organization D. The coach has regularly scheduled hours at my organization E. Other (write in)
Multiple Choice	2. Which of these categories best describes how your organization connected clients to coaching?	A. Clients were required to participate in coaching to access services or benefits from my organization B. Clients were offered an incentive to participate in coaching C. There was no incentive or requirement for clients referred to coaching services D. Other (please specify) E. Not sure
Multiple Choice	3. How would you describe the integration of coaching into your organization's existing services?	A. All clients were offered coaching (e.g., coaching option 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?	A. Yes B. No
Open response	5. How did your organization identify which clients to connect to the Financial Coach?	
Open Response	6. What (if any) challenges or barriers did your organization experience in integrating the financial coaching program with your existing services?	
<b>Section Three: Sustainability</b>		
<i>Question Type</i>	<i>Question</i>	<i>Response(s)</i>

Multiple Choice	1. How beneficial have the financial coaching services been to the clients your organization serves?	A. Very beneficial B. Beneficial C. A little beneficial D. Not at all beneficial E. Not sure
Multiple Choice + Optional Explain	2. If the program did not end in March, would you continue to partner with the financial coach?  [add not required "please explain" box to this question]	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?	A. Yes B. No
Multiple Choice	4. Does a similar service already exist in your community that adequately replaces the CFPB Financial Coaching Program?	A. Yes B. No C. Not sure
Contingent: Open Response ( <i>Only ask if respondent answers "yes" to Section 3, Question #3</i> )	5. What challenges or barriers could you or have you faced in attempting to ensure Financial Coaching services stay in your community?	

#### Section Four: Demographics

Question Type	Question	Response(s)
Multiple Choice	1. What best describes your role in your organization?	A. Administrator B. Program Manager C. Front-Line Service Provider D. Other (write in)
Multiple Choice	2. Have you worked for the host site organization since the coaching program began?	A. Yes B. No C. Not sure
Multiple Choice	3. What type of community is your site/program?	A. Urban B. Semi-Urban/Suburban C. Rural
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)

Choose up to 3	5. In what general category would you place your organization? (choose up to 3)	<ul style="list-style-type: none"> <li>A. Non-Profit (501(c)3)</li> <li>B. City Government</li> <li>C. State Government</li> <li>D. Federal Government</li> <li>E. Healthcare</li> <li>F. Higher Education</li> <li>G. Legal Services</li> <li>H. Faith-Based</li> <li>I. Active Duty Military</li> <li>J. Reserve Component</li> <li>K. Veteran Only</li> </ul>
Choose all that apply	6. Please select your organization's service areas that referred clients to our coaching program.	<ul style="list-style-type: none"> <li>A. Workforce Development</li> <li>B. Federal Assistance Programs (Temporary Assistance for Needy Families or TANF, Supplemental Nutrition Assistance Program or SNAP, or other state-specific benefits)</li> <li>C. Homeownership</li> <li>D. Tax Time Support (includes Volunteer Income Tax Assistance or VITA)</li> <li>E. Small Business Development</li> <li>F. Student Services</li> <li>G. Mental Health Services</li> <li>H. Addiction/Rehabilitation Services</li> <li>I. Veteran Benefits</li> <li>J. Other (write in)</li> <li>E. Other (write in)</li> </ul>