



Financial Information & Service Center, Inc.
dba: CCCS of Northeastern Wisconsin
www.PowerOfMoney.org

Please select the type of counseling you feel you need from the list below. Refer to the back page for choices of how your counseling session can be done.

General Financial Counseling Fees:

Please make check payable to FISC

\$50 assessment fee

Bankruptcy-related fees:

Accepted form of payment:

Cash or money order payable to **FISC**

Pre-Filing Counseling—\$50 **non-refundable** fee per person.

Pre-Discharge Education—\$25 **non-refundable** fee per person.

Housing Foreclosure Counseling:

No fees apply

Counseling is offered without regard to a debtor's ability to pay.

Debt Management Fees:

The fee for debt management plans is 10% of the amount paid to your creditors with a maximum monthly fee of \$50.

Your financial counselor will determine your need for this program.

\$25 of the general financial counseling fee will be reimbursed one month after Debt Management enrollment.

Appointment Date: _____

Counselor: _____

Payment Date _____ Collect Fee _____

Form 38
Revised 7/29/10

How do you want to do your counseling session?

Keeping in mind that an office counseling session is the most effective, we offer the following options from which to choose.

Office visit:

Please mail or drop off this completed form, with the appropriate fee, the signed Privacy Policy, Agreement for Services, and Statement of Counseling.

After we receive your paperwork we will call you to set up an appointment.

On your appointment day bring two recent pay stubs for each applicant and your most recent creditor statements.

Mail forms to: FISC

PO Box 335

Menasha, WI 54952

Telephone:

Complete this form

Please send us the appropriate fee, signed Privacy Policy, Agreement for Services, and Statement of Counseling.

Have this form, your last two paycheck stubs, and recent creditor statements in front of you during your phone counseling session.

Mail forms to: FISC

PO Box 335

Menasha, WI 54952

Internet: (Fill out forms online)

Go to **www.fisc-cccs.org**.

Click "**Counseling Options**".

Under "**On-line Counseling**" click on the link to National Foundation for Credit Counseling.

Click "Internet Counseling".

Follow directions on screen and submit.

Someone will contact you within 24 business hours.

FISC is a program of Goodwill NCW

Goodwill^{NCW}
Serving North Central Wisconsin Communities



Member

Applicant: (Please Print)

First Name: _____

Last Name: _____

Gender: M F Birth date: ____/____/____

Social Security # _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Address: _____

City/State/Zip: _____

County: _____

Number of Dependents: ____ Number in Household: ____

Marital Status: S M Div Sep Widow

Education Level: Elem HS College

Ethnic group:

White (not of Hispanic origin)

Black/African American

Hispanic/Latino

Asian

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

Other (please specify) _____

Co-Applicant: (Please Print)

First Name: _____

Last Name: _____

Gender: M F Birth date: ____/____/____

Social Security # _____

Work Phone: _____

Cell Phone: _____

E-mail: _____

Education Level: Elem HS College

Ethnic group:

White (not of Hispanic origin)

Black/African American

Hispanic/Latino

Asian

American Indian or Alaskan Native

Native Hawaiian or other Pacific Islander

Other (please specify) _____

Housing: Own Rent Buying Other

Type of financing: _____

Months Delinquent? _____ Lender _____

Home Equity Loan? Yes No

	<u>Present Value</u>	<u>Amount Owed</u>		<u>Present Value</u>	<u>Amount Owed</u>
Auto Loan #1	\$ _____	\$ _____	Cottage/Cabin	\$ _____	\$ _____
Auto Loan #2	\$ _____	\$ _____	Other	\$ _____	\$ _____
Mortgage Loan	\$ _____	\$ _____	Other	\$ _____	\$ _____
2nd Mortgage	\$ _____	\$ _____	Other	\$ _____	\$ _____
Rec Vehicles	\$ _____	\$ _____			
Land	\$ _____	\$ _____			
Student Loans	\$ _____	\$ _____			
State Taxes owed	\$ _____		deferred Y <input type="checkbox"/> N <input type="checkbox"/>		
Federal Taxes owed	\$ _____		Estimated Amount of last year's State Refund	\$ _____	
			Estimated Amount of last year's Federal Refund	\$ _____	

Applicant's Employment F/T P/T Employer: _____
Occupation: _____ Gross Pay \$ _____ Net Pay \$ _____
Salaried or Hourly (**circle one**) _____ SSI Income/Pension/Other _____
Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (**circle one**)
Additional Employment? _____ Additional Income \$ _____

Co-Applicant's Employment F/T P/T Employer: _____
Occupation: _____ Gross Pay \$ _____ Net Pay \$ _____
Salaried or Hourly (**circle one**) _____ SSI Income/Pension/Other _____
Pay Period: Weekly/ Bi-weekly/Semi-Monthly/Monthly (**circle one**)
Additional Employment? _____ Additional Income \$ _____

Your Monthly Living Expenses

(Round to the nearest dollar)

Rent or Mortgage	
2nd Mortgage/Equity Line	
Property Tax	
Heat	
Electricity	
Phone Land/Cell	
Internet/Cable TV	
Water/Sewer/Trash	
Home Maintenance/Improvement	
Food	
Lunches/Snacks	
Paper & Cleaning Products	
Laundry	
Dry Cleaning	
Pet Food and Expenses	
Gas/Bus Fare	
Auto Maintenance/Repair	
License & Registration	
Car Payment 1	

Car Payment 2	
Vehicle Insurance	
Home Owner/Rental Insurance	
Child Care/Babysitting	
Doctor/Dentist/Ortho	
Prescriptions	
Clothing/Shoes	
Tuition/Student Loans	
Books/Papers/Magazines	
Church Tithes/Dues	
Major Holidays/Gifts/Cards	
Hair Care/Personal Care	
Tobacco/Alcohol	
Vacations	
Gambling	
Entertainment	
Other/	
Other/	
Other/	

Please describe your financial concerns and what you are hoping to obtain from financial counseling.

Please tell us how you heard about FISC: Attorney Friend/Family Billboard EAP Bankruptcy Attorney
 Creditors Employer Co-Worker NFCC Referral Pay Day Lender Credit Union/Bank Phone Book
 Good Money/Prospera CU Church Other Agency _____

Would you be interested in receiving our periodic newsletter? Yes No (This information is only used for our office purposes)

CCCS OF NORTHEASTERN WISCONSIN

P.O. Box 335 Menasha, WI 54952 920-886-1000	1660 W Mason Green Bay, WI 54303 920-569-1598	4335 Calumet Avenue Manitowoc, WI 54220 920-482-0555	57 No. 12th Ave Sturgeon Bay, WI 54235 920-743-1862	1600 W. 20th Oshkosh, WI 54902 920-966-1200	805 W. Fulton St Waupaca, WI 54981 715-323-0337	2561 8 th St. South WI Rapids, WI 54494 715-323-0337
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AGREEMENT FOR SERVICES

I/We hereby authorize CCCS of Northeastern Wisconsin, a business conducted by FISC (CCCS), a non-profit agency, its employees, agents and volunteers to counsel and advise me/us on its money management and budgeting pertaining to my/our financial situation. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling (NFCC).

Client fees for the counseling program include \$25 which is submitted with the infopac. Another \$25 will be collected at the first appointment. If you believe you are unable to pay, a counselor will help you determine if the fee can be waived. If it is determined that a Debt Management Plan would be beneficial, \$25 of the original fee will be refunded. This counseling is available without regard to the client's ability to pay.

In addition to client fees this agency receives financial support from the United Way, Goodwill Industries of North Central Wisconsin, the community (corporate, professional, church and individual) and grantors. A portion of funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of the agency.

I/We hereby hold CCCS, its employees, agents and volunteers harmless from any claim, suit, action, or demand of my/our creditors, myself/ourselves or any other person arising out of or connected with said advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Furthermore, I/we understand that bankruptcy is a legal matter and that CCCS does not give legal advice. If I/we are referred to an attorney by CCCS, I/we understand that this is only to obtain legal advice and not a recommendation to file bankruptcy. If I/we are referred to an attorney, I/we will contact CCCS, and inform CCCS of the outcome of the advice given.

In the event I/we have an FHA (HUD) mortgage, I/we hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers to contact my/our mortgage company for the purpose of requesting our FHA Case Number.

I/WE hereby authorize CCCS, a non-profit agency, its employees, agents and volunteers:

1. To act for me/us in a plan to liquidate my/our financial obligations.
2. To communicate with my/our creditor(s), asset holder(s) and others for the purpose of obtaining information about my/our account(s), including, but not limited to verifying balances, payments, interest rates and late charges.
3. To provide my/our creditor(s), asset holder(s) and others with such information as is deemed necessary, in the sole discretion of CCCS, for my/our creditor(s), asset holder(s) and others to implement the plan, and providing my/our creditor(s) and others with my/our personal information, including but not limited to, home address(es), telephone number(s), employment information, income, assets and debts.
4. To make necessary arrangements with my/our creditors and others to aid in the solution of my/our financial problems.
5. To obtain a credit report from and/or to inform any credit reporting agency of my/our participation in the repayment plan. A Debt Management Plan may affect my credit report either favorably or unfavorably according to a creditor's policy with respect to a DMP and my payment history prior to and during my participation in a DMP.
6. To contact, cooperate and exchange information with any law enforcement, prosecuting agency or collection agency.

Further, I/we authorize any collection agency to release and continue to release, any and all information in its files to CCCS until I/we revoke authorization to the collection agency in writing.

I/We further agree:

1. To cooperate with present creditor(s) on my/our behalf until a repayment plan can be set up through CCCS and to perform my/our obligation as agreed upon in such a plan.
2. That CCCS has no responsibility or obligation for any past, present or future credit rating to the client by any of his or her creditors.
3. To hold CCCS, its employees, agents and volunteers harmless from any claim, suit action or demand of my/our creditor(s), myself/ourselves or any other person arising out of or connected with said establishment and implementation of such a plan. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C. 101 et seq.

Date _____

Applicant _____

Counselor _____

Co-Applicant _____

Counselor _____

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805 W. Fulton St
Waupaca, WI 54981
715-323-0337

2561 8th St. South
WI Rapids, WI 54494
715-323-0337

STATEMENT OF COUNSELING SERVICES

Please read the following statements carefully to understand CCCS procedures. Please initial next to each statement to indicate understanding of that provision.

- ___ 1. I understand the program will provide confidential, comprehensive personal money management interviews should I choose to pursue a one-on-one financial counseling arrangement.
- ___ 2. I understand that a certified consumer credit counselor or qualified consumer credit counselor will conduct the interview. All action plans not conducted by a certified consumer credit counselor will be reviewed by a certified credit counselor. Our counselors are trained and certified in accordance with the National Foundation for Credit Counseling ("NFCC"). A qualified consumer credit counselor has been trained but has not, as yet passed all of the required tests.
- ___ 3. I understand if I am dissatisfied, I can utilize the Complaint Resolution Process.
- ___ 4. I understand that client fees for the counseling program include \$25 which is submitted with the infopac. Another \$25 will be collected at the first appointment. If you believe you are unable to pay a counselor will help you determine if the fee can be waived. If it is determined that a DMP would be beneficial, \$25 of the original fee will be refunded. This counseling is available without regard to a client's ability to pay. I understand that funding for the agency comes from various sources, which include, but are not limited to: United Way support, voluntary creditor contributions, client fees and voluntary contributions, general community support (corporate, professional, church, and individual), and grants from private foundations.
- ___ 5. I understand that most funding for the DMP program comes from voluntary contributions from creditors who participate in Debt Management Programs (DMP). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund the agency. These contributions are usually calculated as a percentage of payments made through the DMP, which can be up to fifteen percent (15%) of each payment received. However, all accounts with creditors will always be credited with one hundred percent (100%) of the amount paid through CCCS. CCCS will work with all creditors regardless of whether they contribute to the agency.
- ___ 6. I understand that the decisions I make regarding my financial concerns are ultimately the result of my own choices. Therefore, I agree to hold the agency, its employees and volunteers harmless from any claim, suit, action or demand of my creditors, myself or any other person resulting from advice or counseling. Nothing herein shall apply to actions or claims under the provisions of the United States Bankruptcy Code, 11 U.S.C 101 et seq.
- ___ 7. Should I choose to seek one-on-one counseling, I understand that, in that process, I will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- A) I may choose to handle financial concerns on my own.
 - B) I may choose to enroll in the agency's Debt Management Program (DMP). A DMP serves a dual role of helping me repay my debts and helping creditors to receive the money owed to them.
My participation in a debt repayment program may change information which is already on my credit report. If my credit report reflects that I have paid creditors as agreed in the past, a Debt Repayment Plan could have a negative impact on a creditworthiness decision by a potential creditor, landlord, or employer in the future.
In addition, creditors may report that I am on a Debt Management Program and am not paying as originally agreed although they have accepted the reduced payment.
I understand the agency has no responsibility or obligation for any past, present, or future credit rating I receive.
 - C) I should also be aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors may answer questions about bankruptcy, but cannot provide legal advice.
 - D) I may be referred to other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified.
- ___ 8. I understand that receipt of financial counseling services does not automatically guarantee participation in the Debt Management Program.
- ___ 9. I understand that at some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the program's services.

Applicant

Counselor

Co-Applicant

Date

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PRIVACY POLICY

Financial Information & Service Center, Inc./dba Consumer Credit Counseling Service of Northeastern Wisconsin, is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared both orally and in writing will be managed within legal and ethical considerations. Your "personal financial information," such as your total debt information, income, living expenses and personal information concerning your financial circumstances, will be provided to creditors, contracting, auditing, licensing and accrediting personnel. We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR when our staff has been served by a valid subpoena.**

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any non-public personal information about our clients or former clients to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions who need this information in order to put you on a debt management program (DMP).
5. We may disclose some or all of the information that we collect, as described below, to contracting, auditing, licensing and contracting personnel that you have authorized who need this information to audit, license and accredit CCCS and to efficiently provide services to you. Companies that perform administrative services on behalf of CCCS are required to protect the confidentiality of your information and only use the information for the purpose for which the disclosure is made.
6. We restrict access to non-public personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your non-public personal information.
7. We collect non-public personal information about you from the following sources:
 - Information we received from you on our applications or other forms you provide;
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit-reporting agency.
8. We may disclose the following kinds of non-public personal information about you;
 - Information we receive from you on applications or other forms, such as your name, address, social security number, assets and income;
 - Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
 - Information we receive from a credit-reporting agency, such as your credit history.

RELEASE: I hereby release this Consumer Credit Counseling Service to release all non-public information it obtains about me to (1) my creditors, (2) any third parties necessary to resolve the matter(s) discussed during my counseling session, and (3) auditing, contracting, licensing and accrediting personnel. I further release and authorize all of my creditors to provide non-public information about me to this Consumer Credit Counseling Service.

Applicant _____ Co-Applicant _____

Date _____