## **O** GETTING STARTED Starting the money conversation

This tool helps you identify where someone is and where they want to go financially. This can help you choose a good place to start in this guide.

Often people with disabilities, like consumers without disabilities, struggle with money and financial issues. When you feel the time is right, you can simply ask the person to complete this tool.

Because the tool is simple and only has a few key questions, you may be able to gather the information in conversation. Reading the questions and recording the answers may be especially useful if you are working with a person that has a disability that makes reading or writing difficult. Use the following chart to analyze the answers. This analysis will help you determine where to start.

## What to do

- Have the person you're working with answer the questions based on their current situation and attitudes. There are no right or wrong answers.
- Review their answers with them and match their answers to the modules in the toolkit. This can help you determine which module will be the most useful right now.

## A step further

If you keep a copy of this tool, be sure you have a system for keeping the information completely confidential. Be ready to describe your system for keeping this information secure. As you proceed, follow your organization's policies when it comes to storing and handling people's personal information.



## Find a place to begin by **Starting the** money conversation

- 1. Answer the following questions based on where you are today.
- 2. Your answers will help to identify the information and resources that can help you address the financial issues you care about.

| Question  | Yes | No | l don't<br>know |
|---|-----|----|-----------------|
| <b>1.</b> Do you have a disability you are comfortable disclosing?  |     |    |                 |
| 2. Do you have goals?   |     |    |                 |
| <b>3.</b> Are you at risk of losing your housing, car, or utilities because you cannot make payments?                 |     |    |                 |
| <b>4.</b> Do you have reliable transportation?  |     |    |                 |
| <b>5.</b> Do you have a reliable source of income?  |     |    |                 |
| <b>6.</b> Do you have money set aside to cover emergencies or unexpected expenses?                                    |     |    |                 |
| 7. Are you able to cover all of your bills, living expenses, and meals for your household each month?                 |     |    |                 |
| <b>8.</b> Do you have financial resources to pay for assistive devices or adaptations that you need?                  |     |    |                 |
| 9. Do you owe a person, business, or the government money?  |     |    |                 |
| <b>10.</b> Have you been unable to get a loan, credit card, apartment, car, or job due to a bad credit record?        |     |    |                 |
| <b>11.</b> Do you have a checking or savings account at a bank or credit union?                                       |     |    |                 |
| <b>12.</b> Do you think your identity has been stolen?     Have you experienced fraud?                                |     |    |                 |
| <b>13.</b> Do you make the decisions about your financial resources or feel like you have control over your finances? |     |    |                 |

Use the following chart to help you analyze the responses in money conversation questionnaire. This analysis will help determine where to start the financial empowerment discussion.

| 1. | Do you have a disability<br>that you are comfortable<br>disclosing? | Answer: Is "Yes" or "I don't know"  |  |  |
|----|---|---|--|--|
|    |   | With your client  |  |  |
|    |   | <ul> <li>Inquire about the type of disability and inform the person<br/>you're working with that they may qualify for disability-specific<br/>benefits and resources available in most states.</li> </ul>                                       |  |  |
|    |   | <ul> <li>Contact the local Department of Health and Human Resources<br/>and Department of Rehabilitation for additional support and<br/>information or visit <u>benefits.gov</u>.</li> </ul>  |  |  |
| 2. | Do you have goals?  | Answer: Is "Yes"  |  |  |
|    |   | Review  |  |  |
|    |   | Your Money, Your Goals Module 1: Setting Goals in the toolkit.  |  |  |
|    |   | <ul> <li>Or, based on the response, select the most relevant tool in this<br/>guide to start the financial empowerment discussion.</li> </ul>   |  |  |
|    |   | With your client  |  |  |
|    |   | <ul> <li>Make an action plan for each goal and calculate how much the<br/>person you're working with will need to save weekly or monthly<br/>to reach their goals.</li> </ul>   |  |  |
|    |   | Answer: Is "No" or "I don't know"   |  |  |
|    |   | Review  |  |  |
|    |   | • Your Money, Your Goals Setting SMART goals tool in the toolkit.   |  |  |
|    |   | With your client  |  |  |
|    |   | <ul> <li>Discuss hopes, wants, and dreams, and turn these into goals.<br/>Make an action plan for these goals and calculate how much<br/>the person you're working with will need to save weekly or<br/>monthly to reach their goal.</li> </ul> |  |  |

| 3. | Are you at risk of losing<br>your housing, car, or<br>utilities because you<br>cannot make payments? | Answer: Is "Yes"  |  |
|----|--|---|--|
|    |  | With your client  |  |
|    |  | <ul> <li>Call 211 or visit 211.org or a local emergency assistance center.</li> <li>For homeowners, call 1-888-995-HOPE (4673).</li> </ul>  |  |
|    |  | Answer: Is "I don't know"   |  |
|    |  | Review  |  |
|    |  | <ul> <li>Your Money, Your Goals Module 5: Getting through the Month<br/>in the toolkit.</li> </ul>  |  |
|    |  | <ul> <li>Debt log tool in this guide.</li> </ul>  |  |
| 4. | Do you have reliable<br>transportation?  | Answer: Is "No" or "I don't know"   |  |
|    |  | With your client  |  |
|    |  | <ul> <li>Write down all their transportation options and the cost of each.</li> </ul>   |  |
|    |  | <ul> <li>Find proper transportation arrangements. Contact the local<br/>Department of Health and Human Services for additional<br/>support and information. Or try contacting one of these<br/>agencies in your community or region:</li> </ul> |  |
|    |  | <ul> <li>Centers for independent living</li> </ul>  |  |
|    |  | <ul> <li>Aging and disability resource centers</li> </ul>   |  |
|    |  | <ul> <li>Regional, state, or local affiliates of advocacy organizations</li> </ul>  |  |
|    |  | <ul> <li>Job centers</li> </ul>   |  |
|    |  | <ul> <li>Local transit authorities/city or county government</li> </ul>   |  |
| 5. | Do you have a reliable<br>source of income?  | Answer: Is "No" or "I don't know"   |  |
|    |  | Review  |  |
|    |  | <ul> <li>Your Money, Your Goals Module 3: Tracking Income and<br/>Benefits in the toolkit.</li> </ul>   |  |
|    |  | Income and benefit tracker tool in this guide.  |  |

| 6. | Do you have money<br>set aside to cover<br>emergencies or<br>unexpected expenses? | Answer: Is "No" or "I don't know"<br>Review  |  |  |
|----|---|--|--|--|
|    |   | <ul> <li>Your Money, Your Goals Module 2: Savings in the toolkit.</li> </ul>   |  |  |
|    |   | <ul> <li>Setting up an ABLE Account tool in this guide.</li> </ul>   |  |  |
|    |   | With your client   |  |  |
|    |   | <ul> <li>Suggest to the person you're working with that they put aside a<br/>small amount each week or open an ABLE Account, if possible.</li> </ul>   |  |  |
| 7. | Are you able to cover<br>all of your bills, living<br>expenses, and meals for     | Answer: Is "No" or "I don't know"  |  |  |
|    |   | Review   |  |  |
|    | your household each month?  | <ul> <li>Your Money, Your Goals Module 5: Getting through the Month<br/>in the toolkit.</li> </ul>   |  |  |
|    |   | <ul> <li>Your Money, Your Goals Module 3: Increasing income and<br/>benefits tool in the toolkit.</li> </ul>   |  |  |
|    |   | <ul> <li>Bill calendar and Spending tracker tools in this guide.</li> </ul>  |  |  |
|    |   | With your client   |  |  |
|    |   | <ul> <li>Call 211 or visit <u>211.org</u> or a local emergency assistance center.<br/>For homeowners, call 1-888-995-HOPE (4673).</li> </ul>   |  |  |
| 8. | Do you have financial<br>resources to pay for<br>assistive devices or             | Answer: Is "No" or "I don't know"  |  |  |
|    |   | Review   |  |  |
|    | adaptations that you  | <ul> <li>Review</li> <li>Your Money, Your Goals Module 5: Getting through the Month<br/>in the toolkit.</li> <li>Your Money, Your Goals Module 3: Increasing income and<br/>benefits tool in the toolkit.</li> <li>Bill calendar and Spending tracker tools in this guide.</li> <li>With your client</li> <li>Call 211 or visit 211.org or a local emergency assistance center.<br/>For homeowners, call 1-888-995-HOPE (4673).</li> <li>Answer: Is "No" or "I don't know"</li> <li>Review</li> <li>Paying for assistive devices in this guide.</li> <li>With your client</li> <li>Inform the person you're working with that they might be<br/>eligible for a federally-funded program that provides affordable<br/>financing options for people with disabilities and their family<br/>members to purchase assistive technology devices and services.</li> <li>Call the Administration for Community Living at 202-401-4634</li> </ul> |  |  |
|    | need?   | With your client   |  |  |
|    |   | eligible for a federally-funded program that provides affordable financing options for people with disabilities and their family   |  |  |
|    |   | <ul> <li>Call the Administration for Community Living at 202-401-4634<br/>or visit acl.gov/programs/assistive-technology/assistive-<br/>technology or patf.us/who-we-are/ for additional support<br/>and information about assistive technology alternative<br/>financing programs.</li> </ul>   |  |  |

| 9.  | Do you owe a person,<br>business, or the<br>government money?                           | Answer: Is "Yes"or "I don't know"  |
|-----|---|--|
|     |   | Review   |
|     |   | <ul> <li>Your Money, Your Goals Module 6: Dealing with Debt in the toolkit.</li> </ul>   |
|     |   | <ul> <li>Your Money, Your Goals: Requesting your free credit reports<br/>tool in the toolkit.</li> </ul>   |
|     |   | With your client   |
|     |   | <ul> <li>Call 1-877-322-8228 or visit annualcreditreport.com to order and<br/>review their free credit report to see if they have debts.</li> </ul>  |
|     |   | <ul> <li>For assistance with debt management, call the National<br/>Foundation for Credit Counseling toll-free at 1-800-388-2227.</li> </ul>   |
|     |   | <ul> <li>For assistance with medical bills, review state and<br/>federal programs available online at usa.gov/help-with-<br/>bills#item-36707.</li> </ul>  |
|     |   | <ul> <li>For assistance with student loan debt, review the Total and<br/>Permanent Disability (TPD) discharge of federal student loans<br/>in Module 6: Dealing with Debt in this guide.</li> </ul>  |
| 10  | Have you been unable  | Answer: Is "Yes"or "I don't know"  |
| 10. | to get a loan, credit<br>card, apartment, car,<br>or job due to a bad<br>credit record? |  |
|     |   | Review   |
|     |   | <ul> <li>Your Money, Your Goals Module 7: Understanding Credit<br/>Reports and Scores in the toolkit.</li> </ul>   |
|     |   | With your client   |
|     |   | <ul> <li>Order and review their free credit report.</li> </ul>   |
|     |   | <ul> <li>Dispute any errors in credit reports to the credit reporting<br/>agencies. For assistance, call the US Federal Trade Commission<br/>at 1-877-382-4357 or visit consumer.ftc.gov.</li> </ul> |

| 11. | Do you have a checking<br>or savings account at a<br>bank or credit union?                                   | Answer: Is "No" or "I don't know"   |
|-----|--|---|
|     |  | Review  |
|     |  | <ul> <li>Your Money, Your Goals Module 8: Choosing Financial<br/>Products and Services in the toolkit.</li> </ul>   |
|     |  | With your client  |
|     |  | <ul> <li>If the person you're working with would like to open an<br/>account, encourage them to shop around and compare<br/>accounts at several banks and credit unions.</li> </ul>   |
|     |  | <ul> <li>Inform the person you're working with that they have the right<br/>to get a free copy of their consumer report from the consumer<br/>reporting company from which the bank or credit union inquired<br/>about before making its decision to deny their application.</li> </ul> |
| 12. | Do you think your<br>identity has been<br>stolen? Have you<br>experienced fraud?                             | Answer: Is "Yes"or "I don't know"   |
|     |  | Review  |
|     |  | <ul> <li>Your Money, Your Goals Module 9: Protecting your Money in<br/>the toolkit.</li> </ul>  |
|     |  | With your client  |
|     |  | <ul> <li>Inform the person you're working with that they have<br/>a right to submit a complaint to the CFPB online at<br/>consumerfinance.gov/complaint or toll-free via phone<br/>at 1-855-411-2372 or TTY/TDD: 1-855-729-2372.</li> </ul>   |
| 13. | Do you make the<br>decisions about your<br>financial resources<br>or feel like you have<br>control over your | Answer: Is "No" or "I don't know"   |
|     |  | Review  |
|     |  | <ul> <li>Your Money, Your Goals Module 9: Protecting your Money in<br/>the toolkit.</li> </ul>  |
|     | finances?  | <ul> <li>Identifying financial abuse and exploitation tool in this guide.</li> </ul>  |

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