FAIM Program

Tracking Form: Asset-Specific Training Hours

**FAIM Coach**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **GOAL: Complete *10 hours* of training / counseling related to your chosen asset:**  **Home Purchase**  **Post-Secondary Education**  **Personal Vehicle Purchase**  **Business Development**  **FAIM Client:** Return this completed worksheet to your FAIM coach.  Training hours must be completed before you can access FAIM account funds. |

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| **Date and Number of Hours Spent:** | **Description of training / counseling:**  What did you do?  What topics were discussed?  How does it relate to your asset track?  What are your next steps? | **Counselor Information:**  Printed Name, Signature,  Job Title & Contact information |
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**FAIM Asset-Specific Training Hours – Page 2**

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If additional space is needed, please start another form.**

**FAIM Coach** – keep a copy of completed form in the local client file with the Economic Education Notes form.