



FAIM Program Education Notes Form

Grant #: _____ Agency Name: _____

Date: _____ FAIM Coach: _____

Participant Full Name: _____

Required Trainings:

Completed:

Financial Management Training – **12 hours** Date: _____
Curriculum Used: _____

and 10 additional hours of asset training:

Home Purchase / Ownership Date: _____
Curriculum Used: _____

Business Development / Plan Completion Date: _____

Post-Secondary Education / Career Exploration Date: _____

Vehicle Purchase / Ownership Date: _____

529 College Savings Date: _____

Training Details: _____

Emergency Savings Date: _____

Training Details: _____

Mark services provided to the FAIM participant by the coach or local agency:

- Personal Financial Coaching (required)
- Budgeting Assistance
- Case Management
- Cash Assistance
- Childcare Assistance
- Credit Building Loan
- Credit Counseling
- Crisis Management
- Employment Support
- Food Support
- Medical Treatment
- Mentoring
- Peer Support
- Transportation Assistance / Voucher
- Referrals / Resources - list: _____

Notes:

FAIM Coach: Send form to FAIM Admin with payout request and/or at time of exit. Retain a copy of the training completion certificate(s) and asset-specific training hours tracking form in the local client file with a copy of this form.