

NEVADA YOUTH EMPOWERMENT PROJECT



Intake Financial Overview Questionnaire

Applicant Name:	Date:
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1. Does the applicant have a bank account? Yes No

2. Name of bank?

3. Is it a joint/custodial account?

4. Checking account balance

\$

5. Savings account balance

\$

6. Does the applicant manage her own finance? Yes No

If no, who is currently managing the applicants' finances? _____

Why? _____

7. Does the applicant possess a debit card and/or checks? Yes No

8. What is the applicants' primary source of income?

9. If receiving SSI, who is the payee? _____

10. Do you wish to transfer representative payee to NYEP? _____