# TOOL 1: How Your Clients Manage Now

In Part A, identify the programs into which you will integrate financial capability services, then use Part B to analyze and summarize how clients in those programs are managing their financial lives now.

**TOOL 1, Part A:** Target Programs

List the programs into which you want to integrate financial capability services, and then list how many clients participate in each program. These are the clients who will receive integrated financial capability services.

|  |  |
| --- | --- |
| **Target Program** | **Total Number of Clients Currently**  **Participating in the Program** |
|  |  |
|  |  |
|  |  |

**TOOL 1, PART B:** Client Financial Capability Analysis

Complete the tables in (i) and (ii) and the summary in (iii) for each target program identified in Part A.

|  |
| --- |
| **Target Program:** |
|  |

**(i)** Demographics

Describe the demographic characteristics of the target program’s clients. List out key subsets of program clients and the estimated percentage of total program clients they represent (e.g., “20% of clients are over age 65”). You can use the *Other Distinguishing Characteristics* row to describe categories and characteristics based on unique features of your clients that are not addressed in the demographic categories provided (e.g., ex-offenders or youth transitioning out of foster care).

|  |  |
| --- | --- |
| **Demographic Category** | **Description of Program Clients’ Demographic Characteristics** |
| **Age** |  |
| **Employment and Education Status** |  |
| **Public Assistance** |  |
| ***Other Distinguishing Characteristics*** |  |

**(ii)** Financial Capability

Describe how your clients manage their financial resources, including what they struggle with and what they do well. Each of the six financial capability topics below comes with a list of prompting questions ([available here](#Prompt)) to stimulate your thinking.

|  |  |
| --- | --- |
| **Financial Capability Topic** | **Client Analysis**  *Analyze your program participants’ current financial capability (knowledge, attitudes, skills, access to resources, behaviors, and life condition) as they apply to each topic area.* |
| **Money Management**  *The income and expenses that comprise clients’ household budget and how they manage this cash flow* |  |
| **Income Supports**  *Public benefits (such as Temporary Assistance for Needy Families, SNAP/Food Stamps, child care assistance, transportation assistance) & tax credits (such as Earned Income Tax Credit, Child Tax Credit) that clients receive or could receive* |  |
| **Financial Products & Services**  *Whether and how clients use transactional accounts, savings accounts, check-cashing services, rent-to-own services, car loans, and more* |  |
| **Credit & Debt**  *Clients’ ability to borrow money and amount of money owed  (such as mortgages, student loans, credit cards, payday loans or rent-to-own services)* |  |

|  |  |
| --- | --- |
| **Savings & Investments**  *Money clients have set aside for future use and assets they own (such as a home, small business, postsecondary education)* |  |
| **Consumer Protection & Insurance**  *Clients’ knowledge about and usage of predatory services; insurance products (such as medical, dental, car, homeowner’s, renter’s, or life insurance) they have or could use* |  |

**(iii)** Financial Capability Summary

Identify common themes and areas of greatest need and opportunity from the detailed analysis of clients’ financial capability you performed in the table in (ii) of this tool. These are the areas where you will focus your efforts to build clients’ capacity to manage their financial resources more effectively. When compiling this summary, consider:

* In which area(s) do clients have the greatest number of challenges?
* What common themes do you see across the topics?
* What are clients’ most important aspirations for their financial lives?
* What are the greatest impediments to clients’ success in the targeted program and to their long-term financial security?

|  |
| --- |
| **Summary of Clients’ Current Financial Capability**  *List the program into which you will integrate financial capability, and summarize  the findings from the analysis you conducted in (ii).* |
|  |

**\*Prompting Questions for Tool 1, Part B**

*These questions are intended to help you think through various dimensions of your clients’ financial capability. You do not need to answer all of the questions.*

|  |  |
| --- | --- |
| **Topic** | **Prompting Questions** |
| **Money Management**  *The income and expenses that comprise clients’ household budget and how they manage this cash flow* | * What do clients need to know or be able to do to better manage their resources? * What would they describe as their biggest financial worry or struggle? * What are their hopes and dreams related to their financial lives? * What are their attitudes and beliefs about money? * What has shaped their money management behaviors and attitudes? * What does effective money management look like for them? * What are their primary sources of income? * What are their most common expenses, and how do they manage with them? * What are unique expenses for this group? * Is their income enough to meet their basic needs? |
| **Income Supports**  *Public benefits (such as Temporary Assistance for Needy Families, SNAP/Food Stamps, child care assistance, transportation assistance) & tax credits (such as Earned Income Tax Credit, Child Tax Credit) that clients receive or could receive* | * What additional public benefits might clients be able to access? * What types of tax credits have they received in recent years? * What additional information do they need about public benefits and tax credits? * How do they file their taxes, and how much do they pay for these services? |
| **Financial Products & Services**  *Whether and how clients use transactional accounts, savings accounts, check-cashing services, rent-to-own services, car loans, and more* | * What financial products and services are in clients’ community (or otherwise accessible to them)? * What are clients’ feelings about and/or experiences with financial institutions? * How do they pay bills? * What are the typical costs for the products and services they use? * How satisfied are they with the products and services they are using? |

|  |  |
| --- | --- |
| **Credit & Debt**  *Clients’ ability to borrow money and amount of money owed  (such as mortgages, student loans, credit cards, payday loans or rent-to-own services)* | * What types of credit products are clients using, if any? * What are they using them for (e.g., to pay for basic needs, things they want, or to leverage assets)? * Are they carrying a debt load? What are the typical sources of that debt? What is the average amount? What is the average cost of this debt (in terms of interest rates, payments and fees)? * How are they balancing debt payments with their other bills and expenses? * Are there credit products that might be useful for them now or in the future? * What are their biggest challenges with respect to accessing and using credit resources? |
| **Savings & Investments**  *Money clients have set aside for future use and assets they own (such as a home, small business, postsecondary education)* | * What do clients’ savings habits look like? * How do they feel about their current savings habits? * What are they saving for? What would they like to save for? * What prevents them from saving? * What assets (e.g., a home, business, car, college education) do they own? * What assets do they want to acquire, and what are their barriers to acquiring those assets? * How do they use public incentives (such as tax deductions, down payment assistance, matched savings accounts, or Pell Grants) to purchase assets? * What are they using them for (e.g., to pay for basic needs, things they want, or to leverage assets)? * Are they carrying a debt load? What are the typical sources of that debt? What is the average amount? What is the average cost of this debt (in terms of interest rates, payments and fees)? * How are they balancing debt payments with their other bills and expenses? * Are there credit products that might be useful for them now or in the future? * What are their biggest challenges with respect to accessing and using credit resources? |
| **Consumer Protection & Insurance**  *Clients’ knowledge about and usage of predatory services; insurance products (such as medical, dental, car, homeowner’s, renter’s, or life insurance) they have or could use* | * What do they feel they need to protect? * What types of insurance do they have? * What does their insurance typically cost? * What are the challenges to acquiring or maintaining insurance? * What other ways do members of this population protect their resources? * What type of consumer protections might be useful to them? |

# 

# TOOL 2: Outcomes that Matter

Complete Part A using information that should be readily available within your organization. Then complete Part B using information gathered in Tool 1.

**PLEASE NOTE:** If you are *already* measuring financial capability outcomes related to these services, be sure to list them as part of your overall organizational review. Then include them in the table *if* they are relevant for the target clients as well.

**TOOL 2, Part A:** Organizational Mission

|  |  |
| --- | --- |
| **1. State Your organization’s mission.** | **2. List the outcomes, or measures of success, your organization is currently focused on across all activities to achieve your mission.** |
|  |  |

**TOOL 2, Part B:** Outcomes Based On Analysis of Program Clients

List your target program clients’ current financial capability (from Tool 1, Part B) in the column on the left. In the right column, develop a list of financial capability outcomes that would represent additional capacity to manage financial resources effectively. Make sure you have at least one outcome on the right that addresses each item listed on the left. You may have multiple outcomes for each financial capability issue listed on the left.

|  |  |
| --- | --- |
| **Program Clients’ Current Financial Capability**  *(From Tool 1, Part B) List the program into which you will integrate financial capability, and summarize the findings from your client analysis.* | **Target Outcomes**  *List financial capability outcomes that would represent an improved result for these clients.\*Use an asterisk to denote any outcomes you already track in your work.* |
|  |  |
|  |  |
|  |  |

# 

# TOOL 3: Theory of Change *(Section 1 Capstone Tool)*

**TOOL 3, Part A:** Financial Capability Services

Select the financial capability services that will help the participants in each program achieve the desired outcomes (from Tool 2) and list them in the middle column of the table below. Make sure that all the outcomes listed in your Theory of Change table connect directly to at least one of the financial capability services you plan to provide. You can revise or remove outcomes you selected in Tool 2 if they no longer seem attainable. You will further refine these services and determine who will provide them in the next two sections of this Guide.

|  |  |  |
| --- | --- | --- |
| **Program Clients’ Current Financial Capability**  *(From Tool 1, Part B)*  *List the program into which you will integrate financial capability, and summarize program clients’ current financial capability* | **Financial Capability Services**  *List the services that you think will help clients achieve the target outcomes* | **Target Outcomes**  *(From Tool 2, Part B)*  *List financial capability outcomes that would represent an improved result for these clients*  *\*Use an asterisk to denote any outcomes you already track in your work.* |
|  |  |  |
|  |  |  |
|  |  |  |

**TOOL 3, Part B:** Narrative Theory of Change

Develop a brief narrative of your completed Theory of Change for each target program. Note your program clients’ current financial capability, what outcomes you are targeting, and the services you plan to provide to achieve those outcomes.

|  |
| --- |
| **Narrative Theory of Change** |
|  |
|  |
|  |

# TOOL 4: In-House Capacity

Answer the questions in Part A to list key information about your organization. Then in Part B, compare the level of client engagement within your current programs to the level of client engagement that would be required to deliver your proposed financial capability service(s). Use Part C to assess your organization’s capacity to provide those services. Finally, in Part D, use the information from Parts A, B, and C to determine whether your organization is able to provide each financial capability service directly.

**TOOL 4, Part A:** Framing Questions

Use the questions below to capture key information related to your organization’s interest in and potential to provide financial capability services.

|  |  |
| --- | --- |
| **Framing Questions** | **Responses** |
| Why is your organization focusing on financial capability integration work at this time? How does it fit with your mission? |  |
| Which programs are you interested in integrating financial capability services into at this time? |  |
| What have you done previously (and currently) to help your clients build financial capability? |  |
| What is your long-term goal (if any) for helping your clients build financial capability and for integrating financial capability services into your work? |  |

**TOOL 4, Part B:** Intensity of Client Engagement

In the second column of the table below, describe the type of interaction and length of engagement with clients in your current program. Then describe the type of interaction and length of client engagement you are considering for each financial capability service you plan to integrate. Appendix A provides additional information about the financial capability services which can help you determine what level of client engagement is required for each. Make a note of whether the financial capability service(s) require(s) a different level of client engagement than your current program. In Part D below, you will capture your assessment of this comparison. Remember to complete one copy of the table in Part B for ***each program*** into which you plan to integrate financial capability services.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Intensity of Client Engagement** | **Current Program** | **Financial Capability Service(s)** | | | |
|  |  |  |  |
| **Briefly describe the type of interaction**  (e.g., group, 1-on-1) |  |  |  |  |  |
| **Briefly describe the length of engagement**  (e.g., one time, regularly for six months, regularly for more than 1 year) |  |  |  |  |  |

**TOOL 4, Part C:** Organizational Capacity

For each financial capability service you are considering integrating (as listed in Part B), rate the level of your organizational capacity—in terms of leadership support, funding, and staff resources—on a scale from strong to non-existent. Table 2 provides a detailed explanation of the ratings scale. Remember to complete one copy of the table in Part C for ***each program*** into which you plan to integrate financial capability services.

**Table 2. Description of Organizational Capacity Scale**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | ***Strong*** | ***Moderate*** | ***Weak*** | ***Non-Existent*** |
| **Leadership Support** | Our leadership is fully supportive of providing it in-house. | Not all leaders are invested in the concept. | There is limited leadership buy-in at  this point. | Leadership does not support building the capacity needed to provide it in-house. |
| **Funding** | We have dedicated and sustainable funding to support it. | Our current funding supports it, but we need to secure additional funding to expand/ continue the work. | We have a funding strategy and have identified potential funding sources, but no funding is secured yet. | We do not have a funding strategy or identified resources  for this project. |
| **Staff Capacity** | We have adequate staff with the appropriate training to deliver this service. | We have the right amount of staff but need to identify further training. | We will need to hire additional staff. | We cannot hire or train staff to provide it in-house. |

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Analysis of Organizational Capacity** | | | | |
| **Financial Capability Service(s):** |  |  |  |  |
| **Leadership Support** | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent |
| **Funding** | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent |
| **Staff Capacity** | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent | ☐ Strong  ☐ Moderate  ☐ Weak  ☐ Nonexistent |

**TOOL 4, PART D:** Putting It All Together

Use the table below to analyze all the information laid out in Parts A, B, and C and draw conclusions about whether your organization should use a DIY approach to integrate each financial capability service or whether you should explore referral or partnership options instead. Remember to complete one copy of the table in Part D for ***each program*** into which you plan to integrate financial capability services.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Integration Decisions** | | | | |
| **Financial Capability Service(s):** |  |  |  |  |
| **Using the information in  Part B, does the proposed service align with our current levels of client engagement?** | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership for the service  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership for the service  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership for the service  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership for the service  *Notes:* |
| **Drawing on the responses in  Part C, do we  have sufficient  in-house capacity to provide this service?** | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership  *Notes:* | ☐ Yes, potential for DIY  ☐ No, but we would like to consider DIY anyway because:  ☐ No, explore referral or partnership  *Notes:* |
| **Do we have any remaining questions or items for follow-up?** | ☐ Yes  ☐ No  *Notes:* | ☐ Yes  ☐ No  *Notes:* | ☐ Yes  ☐ No  *Notes:* | ☐ Yes  ☐ No  *Notes:* |

**TOOL 5:** Community Services Inventory of Providers

Conduct a scan to identify all the organizations that could provide financial capability services in your community, and list them in the first column according to the service(s) they provide. Then add information about the point of contact at the organization who can provide information about these services. In the third column, assign a staff member from your team who will later contact the organization and conduct a more thorough assessment (using Tool 6). In the last two columns, note any existing collaborations your organization has with the organization and any additional information that is important to know about this service provider. (Note–only complete the organization list for the financial capability services you are considering providing to clients, as listed in Tool 3.)

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Organization Name**  List all the organizations in your community that provide each type of financial capability service | **Contact Person & Info.**  List the point of contact for each organization and their contact information | **Staff Assigned to Conduct Assessment**  List the person who will collect information about this organization using Tool 6 and by when | **Existing Relationship(s) with Your Organization**  List any departments or individuals at your organization who already collaborate with staff at this organization | **Additional Notes** |
| ***Financial Education*** *– Workshops and classes on financial topics, offered in a series or standalone sessions* | | | | |
|  |  |  |  |  |
| ***Financial Coaching*** *– Ongoing one-on-one interactions that focus on achieving financial goals* | | | | |
|  |  |  |  |  |
| ***Financial Counseling*** *– One-on-one interactions that focus on solving immediate financial issues* | | | | |
|  |  |  |  |  |
| ***Credit Counseling*** *– Assistance organizing, prioritizing, or paying down debt; helps participants monitor and manage credit* | | | | |
|  |  |  |  |  |
| ***Credit Building*** *–**Access to products or programs that help participants build or re-build credit* | | | | |
|  |  |  |  |  |
| ***Access to Safe and Affordable Financial Products*** *– Access to or encouraging the use of financial products that are low-cost, convenient, and transparent* | | | | |
|  |  |  |  |  |
| ***Free Tax Preparation Assistance*** *– Volunteer Income Tax Assistance (VITA) or Tax Counseling for the Elderly (TCE) programs; often includes promoting the Earned Income Tax Credit (EITC)* | | | | |
|  |  |  |  |  |
| ***Access to Federal and State Benefits*** *–**Screen participants for benefits eligibility and provide assistance in accessing benefits, such as SNAP (Food Stamps), child care, or transportation subsidies* | | | | |
|  |  |  |  |  |
| ***Incentivized Savings Programs*** *– Work with participants to save for their goals and provide savings incentives that they can use for an asset purchase or another expense* | | | | |
|  |  |  |  |  |
| ***Asset Ownership Programs*** *– Support participants in building and/or maintaining* *assets such as retirement savings, a small business, a home, a vehicle, or postsecondary education for themselves or their children* | | | | |
|  |  |  |  |  |

**TOOL 6:** Assessment of Community Services Providers

For ***each organization*** you identified in Tool 5, use the questions in the left column of the tables below to collect information about that organization as it relates to the provision of the financial capability services. In the bottom portion of the table, analyze whether your target clients could access these services, and if they would be a good fit for them. Then determine whether the organization should be a candidate for referral or partnership, noting any key points to consider or follow-up needed.

|  |  |
| --- | --- |
| **Organization Name:** |  |
| **Contact Person:** |  |
| **Who conducted this assessment and when?** |  |

# TOOL 6, Part A: Information About the Organization’s Services

|  |  |  |  |
| --- | --- | --- | --- |
| **Information About The Organization’s Services** | | | |
| **What financial capability service(s) does your organization/program offer?** |  |  |  |
| ***Client Fit*** | | | |
| How long have you been providing this service? |  |  |  |
| What eligibility criteria do clients need to meet to receive this service (e.g., income level, geography, age, etc.)? |  |  |  |
| Is this service tailored for a certain type of client (e.g., youth, older Americans, women, people with disabilities, survivors of domestic violence, etc.)? |  |  |  |
| What are the qualities/ characteristics of the ideal candidate for your service? |  |  |  |
| ***Client Access*** | | | |
| Is there a cost to access the service? If so, what is it? |  |  |  |
| How are services provided (e.g., walk-in, regularly scheduled times, online, etc.)? |  |  |  |
| Where can participants access your services (e.g., physical address, online, etc.)? |  |  |  |
| What days/hours are these services available? |  |  |  |
| Could you provide services for our clients at another location? |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| ***Organizational Capacity*** | | | |
| How many additional clients could you provide this service to with your current staff and funding? |  |  |  |
| Are you interested in providing your service to our clients? |  |  |  |

# TOOL 6, Part B: Analysis & Recommendation

(To be completed internally by staff after completing the previous section.)

|  |  |  |  |
| --- | --- | --- | --- |
| **Analysis & Recommendation** | | | |
| Does the organization have the **capacity** to provide this service to our clients? | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* |
| Could our clients **access** this service?  *E.g., is it available, can the organization accommodate more clients, is it geo-graphically accessible?* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* |

|  |  |  |  |
| --- | --- | --- | --- |
| Would this service be a **good fit** for our clients?  *E.g., is it tailored for our client group*? | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes  ☐ No  ☐ Unsure  *Notes:* |
| Should we work with this organization to provide services?  If yes, should we **refer** our clients to it or **partner** with it to provide this service? | ☐ Yes, candidate for partnership  ☐ Yes, candidate for referral  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes, candidate for partnership  ☐ Yes, candidate for referral  ☐ No  ☐ Unsure  *Notes:* | ☐ Yes, candidate for partnership  ☐ Yes, candidate for referral  ☐ No  ☐ Unsure  *Notes:* |
| Note—if you are unable to answer any of the previous questions, list out the remaining questions or items for follow-up. |  |  |  |

# TOOL 7: Deciding Who Will Deliver Services *(Section 2 Capstone Tool)*

Using the information you collected about potential service providers in Tools 4, 5, and 6, make decisions on your approach to providing each financial capability service and summarize those choices in the table. Prompts are provided in each of the column headers to help you make your decisions and compile the appropriate information. You will need to complete a separate row for each financial capability service you plan to provide.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Decision Summary Table** | | | | | |
| **Target Program**  *Listed in Tool 1* | **Financial Capability Service(s)**  *Listed in Tool 3* | **Summary of DIY, Partner, or Refer Candidates**  *From Tool 4, Part D and  Tool 6, Part B* | **Summarize Key Issues**  *Summarize important considerations regarding org. capacity, and client access to and fit with each candidate’s services. Refer to* ***Figure 3(b), Integration Approaches: Factors to Consider,*** *in Building Financial Capability for more on important considerations.* | **Integration Approach**  *After weighing the key issues,check the box next to the approach you plan to take, and list the referral or partner organization, if applicable.* | ***Notes***  *List anything else that is relevant to how this service will be provided.* |
|  |  |  |  | ☐ **Refer** to:  ☐ **Partner** with:  ☐ **DIY** with existing capacity  ☐ **DIY** and build capacity |  |
|  |  |  |  | ☐ **Refer** to:  ☐ **Partner** with:  ☐ **DIY** with existing capacity  ☐ **DIY** and build capacity |  |
|  |  |  |  | ☐ **Refer** to:  ☐ **Partner** with:  ☐ **DIY** with existing capacity  ☐ **DIY** and build capacity |  |

# TOOL 8: Current Program Workflow

Use the table below to map out the existing workflow of each of the target programs into which you plan to integrate financial capability services. You will use this information in Tools 9, 10, and 11 to identify points in this program workflow where/when financial capability will be integrated. *You should complete a separate copy of the table for each target program.*

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Components of Program Workflow** | **Current Program Workflow**  *Briefly describe how each of the workflow components at left currently operates in your program.* | **Key Activities or Milestones**  *Identify the key activities that occur or any milestones achieved by the client during each program component.* | **Financial Topics Present?**  *Note places where financial topics are already discussed in the program components or key activities.* |
| **Outreach**  *Identify the ways that clients learn about this service/get connected to it.* |  |  |  |
| **Intake and Registration**  *Describe who does this, how it’s done, and what information is collected.* |  |  |  |
| **Start of Services**  *Describe the first service delivery engagement for the program.* |  |  |  |
| **Main Service Activities[[1]](#footnote-1)**  *Provide a brief description of services by:*   * *Type (1-on-1 or group)* * *Frequency of activity* * *Duration of client participation* * *Which staff interact with clients* |  |  |  |
| **Program Exit**  *Describe when exit occurs and what happens at that time.* |  |  |  |
| **Follow-up**  *List any follow-up activities, who performs them, and when they take place.* |  |  |  |
| **Other** |  |  |  |

# TOOL 9: The Referral Plan

In Part A, collect information on each referral organization’s internal processes and operations, and then in Part B, use that information to select the points at which each referral will be made. Finally, in Part C, aggregate the results of Parts A and B to create a referral pipeline that clearly lays out the pathway for referring clients from your program to the other organization.

**TOOL 9, Part A:** Referral-receiving Organization Questionnaire

Ask the following questions *to each referral-receiving organization* to determine the best way to enroll your clients in that organization’s services and ensure clients’ success. As a reminder, the referral organization could also be another department in your organization, especially if you work for a large multi-service organization. Complete a separate copy of the table for each referral organization.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Organization** *(selected in Tool 7)***:** |  |  |  |
| **Financial Capability Service(s):** |  |  |  |
| ***Information About Screening Clients***  *Can be taken from information you collected from the referral organization in Tool 6, Part A.* | | | |
| **What eligibility criteria do clients need to meet to receive this service?**  *(e.g., income level, geography, age)* |  |  |  |
| **Is this service tailored for a certain type of client?** *(e.g., youth, women, people with disabilities, survivors of domestic violence)* |  |  |  |
| **What are the qualities/characteristics of the ideal candidate for your service?** |  |  |  |
| **How many additional clients could you provide this service to with your current staff and funding?** |  |  |  |
| ***Information About Preparing Clients for the Service(s)***  *Collected by asking questions of your referral organization* | | | |
| **Describe your intake process so we can prepare our clients for what to expect (e.g., orientation times, paperwork needed, appointment scheduling).** |  |  |  |
| **What should we tell clients about the service (e.g. duration, required activities, expected results) to set up clear expectations?** |  |  |  |
| **Is there any helpful information we can share with you about our clients, now or when we make a referral, which will help streamline the referral process?** |  |  |  |
| ***Information About Connecting Clients to the Service(s)***  *Collected by asking questions of your referral organization* | | | |
| **Who should our staff contact at your organization about this service? What is the best way to contact this person or people?** |  |  |  |
| **Who can our clients contact at your organization about this service? What is the best way to contact this person or people?** |  |  |  |
| ***Information About Supporting Clients After the Referral is Made***  *Collected by asking questions of your referral organization* | | | |
| **What are your goals for these services? (i.e., What does success look like? On which milestones or deliverables do you primarily focus?)** |  |  |  |
| **What are some of the barriers that could prevent our clients from being successful in participating in your service? How can we help address this during our ongoing work with the clients?** |  |  |  |
| **Are you willing and able to share information with us about services delivered to clients we refer? If yes, what can you share, and how can we best exchange this information?** |  |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Referral Process Management**  *Decided in conversations between staff at your organization and the referral organization* | | | |
| **What would it take for each of us to consider this referral a success? OR What outcomes do each of us want to achieve?** |  |  |  |
| **Who from each organization will be responsible for making sure this referral goes smoothly for each of us?** *Describe how they will work together to monitor the progress of the referral process, evaluate its effectiveness, and make adjustments when needed.* |  |  |  |

**TOOL 9, Part B:** Referral Points in Current Service Flow

Use the table below to select the point(s) in your current program workflow at which you will refer clients to a financial capability service at another organization. Use your current program workflow from Tool 8 and the information you collected in Part A of this tool to identify the best referral point. The tool also contains prompting questions with key considerations for selecting this point.

*You will need to complete a copy of this table for each of your target programs into which you will integrate financial capability services through referrals.*

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Capability Service**  *List the financial capability service(s) you plan to refer program clients to in the rows below (one service per row).* | **Referral Organization** | **Considerations for Where to Integrate the Referral into the Current Program\***  [*Click here*](#PromptQuestions) *for prompting questions* | **Referrals Points(s)**  *Select the best touch point(s) in the current program workflow at which to refer the program participants for the financial capability service.* |
|  |  |  |  |
|  |  |  |  |
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**\*Prompting Questions for Considerations for Where to Integrate the Referral into the Current Program:**

|  |
| --- |
| **Considerations for Where to Integrate the Referral into the Current Program** |
| * **When would be a good time for clients to consider this new service?**   + Considerations include: Length of target program and length of referral service; where financial topics are already discussed in this program; when this service would be most relevant to goals clients are seeking to achieve in the program; when clients are most ready for and/or meet eligibility criteria for this service; and when the service would remove a barrier to achieving a programmatic milestone. |
| * **When does it make sense logistically to incorporate referrals to this new service?**   + Considerations include: timing (such as providing VITA services during tax-time; parents’ availability when school it out); funding streams and constraints; staffing availability (such as capacity issues when demand is high in the winter months); duration of the program (such as in a summer youth employment program); and location. |

**TOOL 9, Part C:** Referral Pipeline

Using the information you collected from staff at your organization and from the referral organization in Part A of this tool, and the integration point(s) you selected in Part B, map out how clients will be referred to the external organization/program (again, bearing in mind that the referral organization may potentially be an in-house department) and your post-referral support process.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Pre-Referral** | | | **Referral Process** | **Post-Referral** |
| **Financial Capability Services for Referral**  *Identified in Tool 3, selected for referral in Tool 7* | **Referral Point in Current Program**  *The point in your current program workflow where you will make this referral* | ***Screen***  **Clients**  *What do you need to assess about your clients to determine their eligibility for this referral source?* | ***Prepare***  **Clients**  *How will you prepare your clients for the service?* | ***Connect***  **Clients**  *To which organization will you refer clients to receive this service? How will clients be referred to this service to ensure a warm handoff?* | ***Support***  **Clients**  *What can/will we do to support our clients after the referral is made?* |
|  |  |  |  |  |  |
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|  |  |  |  |  |  |

# TOOL 10: The Partnership Plan

This tool provides a list of questions and considerations for discussion when setting up a partnership with another organization to provide your clients with financial capability services. Fill out the responses from both your organization and the partner organization to help make decisions about how each organization will provide services and track outcomes.

|  |
| --- |
| **Target Program:** |
|  |

**TOOL 10, Part A:** Basic Information about the Partnership

|  |  |
| --- | --- |
| **(i) Which organizations are participating in this partnership?** | **(ii) List the primary points of contact for each organization and their contact information.** |
|  |  |
|  |  |

**TOOL 10, Part B:** Partnership Plan

|  |  |  |  |
| --- | --- | --- | --- |
| ***Organization name:*** |  | |  |
| **(i) Align organizational outcomes and establish partnership goals.** | | | |
| **What is the mission of each organization?** |  | |  |
| **How does each organization measure success (i.e., organizational outcomes)?** |  | |  |
| **What are our collective goals for this partnership? How does this partnership contribute to achieving the missions of each of our organizations?** |  | |  |
| **What services are the organizations partnering to provide? Into which programs will these services be integrated?** |  | |  |
| **What activities will the partnership undertake?**  **Provide a brief description of the operations for your services— including location, frequency and duration—and state which partner is responsible for conducting each activity.** |  | |  |
| **How will organizations work together to share data & evaluate success?**  *For example: Will there be a shared outcomes management system?* |  | |  |
| **(ii) Identify resources needed to establish and/or sustain the partnership.** | | | |
| **Who will provide or secure each of the resources needed to provide this service?**  *This can include financial, material, or human capital (e.g. staff training, shared staff).* | |  |  |
| **What is the sustainability plan for this partnership?** | |  |  |
| **(iii) Establish management and operational procedures.** | | | |
| **What is the partnership management plan?**  *Sketch out who will manage the partnership, how decisions will be made, and how each organization will be held accountable for meeting stated intentions and goals.* | |  |  |
| **What will each organization do to prepare for its partnership responsibilities?**  *E.g., training for staff, internal communications to notify other staff about this partnership, securing new funding, acquiring new materials* | |  |  |
| **What is the communication plan among front-line staff?**  *Sketch out how direct service staff from each organization can review and address challenges.* | |  |  |

**TOOL 10, Part C:** Integration Points

Use the table below to select the point in your current program workflow when each service will be provided. Use your current program workflow from Tool 8 and the information about the partnership from Part A in this tool to identify the best integration point. The tool also contains prompting questions providing key considerations for selecting this point.

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Capability Service**  *List the financial capability service(s) you plan to provide in the rows below (one service per row).* | **Partner Organization** | **Considerations for Where to Integrate the Service into the Current Program**  [*Click here*](#PromptQuestions2) *for prompting questions* | **Integration Point for Referral**  *Select the best touch point(s) in the current program workflow to provide this service to program participants.* |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**\*Prompting Questions for Considerations for Where to Integrate the Referral into the Current Program**

|  |
| --- |
| **Considerations for Where to Integrate the Referral into the Current Program** |
| * **When would be a good time for clients to consider this new service?**   + Considerations include: Length of target program and length of referral service; where financial topics are already discussed in this program; when this service would be most relevant to goals clients are seeking to achieve in the program; when clients are most ready for and/or meet eligibility criteria for this service; and when the service would remove a barrier to achieving a programmatic milestone. |
| * **When does it make sense logistically to incorporate referrals to this new service?**   + Considerations include: timing (such as providing VITA services during tax-time; parents’ availability when school it out); funding streams and constraints; staffing availability (such as capacity issues when demand is high in the winter months); duration of the program (such as in a summer youth employment program); and location. |

# 

# TOOL 11: The DIY Plan

**TOOL 11, Part A:** The Financial Capability Service(s)

Describe what it will take to provide the service(s) in-house, included needed resources and how you will obtain or build these resources.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |
| --- | --- | --- | --- |
| **Financial Capability Service(s)**  *List the financial capability service(s) you plan to provide in the rows below (one service per row).* | **What does it take to provide this service to clients?**  *Use the intensity analysis that you completed in  Tool 4.* | **Based on what it takes to provide the service, identify areas where you need to build capacity or acquire resources.**  *Include both staff capacity needs and resource capacity needs. Note that this applies to both new services and expanded services.* | **How will you obtain or build the needed resources?**  *E.g., train staff, hire more staff, fundraise, etc.* |
|  |  |  |  |
|  |  |  |  |
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## TOOL 11, Part B: Integration Points

Use the table to select the point at which each financial capability service(s) will be provided within the existing program. Reference your current program workflow from Tool 8 and the information from Part A about how you will provide this service to identify the best integration point. The tool also contains prompting questions providing key considerations in selecting the integration point.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |
| --- | --- | --- |
| **Financial Capability Service**  *List the financial capability service(s) you plan to provide in the rows below (one service per row)* | **Considerations for Where to Integrate this Service into Current Program**  [*Click here*](#PromptQuestions3) *for prompting questions* | **Integration Point**  *Select the best touch point(s) in the current program workflow to provide this service to program participants.* |
|  |  |  |
|  |  |  |
|  |  |  |

**\*Prompting Questions for Considerations for Where to Integrate the Referral into the Current Program**

|  |
| --- |
| **Considerations for Where to Integrate the Referral into the Current Program** |
| * **When would be a good time for clients to consider this new service?**   + Considerations include: Length of target program and length of referral service; where financial topics are already discussed in this program; when this service would be most relevant to goals clients are seeking to achieve in the program; when clients are most ready for and/or meet eligibility criteria for this service; and when the service would remove a barrier to achieving a programmatic milestone. |
| * **When does it make sense logistically to incorporate referrals to this new service?**   + Considerations include: timing (such as providing VITA services during tax-time; parents’ availability when school it out); funding streams and constraints; staffing availability (such as capacity issues when demand is high in the winter months); duration of the program (such as in a summer youth employment program); and location. |

# 

# TOOL 12: Putting it All Together – The Logic Model

# *(Capstone Tool for Section 3 and the Guide as a whole)*

Using information you developed in previous tools, fill out the Logic Model to lay out the process and expected outcomes of your financial capability services integration plan. You can complete a separate Logic Model for each target program.

|  |
| --- |
| **Target Program:** |
|  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **PROCESS** | | | **OUTCOMES** | | |
| **Inputs** | **Activities** | **Outputs[[2]](#footnote-2)** | **Short-term Outcomes[[3]](#footnote-3)** | **Medium-term Outcomes** | **Long-term Outcomes** |
| **What we invest**  *(e.g., human, financial, organizational, or community resources; you identified these for your organization in Tools 4 & 11 and for other organizations you’re working with in Tools 9 & 10)* | **What we do**  *(e.g., financial capability services you identified in Tool 3 and refined in Tools 7, 9, 10, and 11)* | **The direct products of performing the activities**  *(e.g., number of people who participate in the program; you may have started to determine these in Tools 9, 10, and 11)* | **The measurable results we hope to see among those we serve in a short time frame**  *(initial outcomes were developed in Tool 3)* | **The measurable results we hope to see among those we serve in a medium time frame**  *(initial outcomes were developed in Tool 3)* | **The measurable results we hope to see among those we serve in a longer time frame**  *(initial outcomes were developed in Tool 3)* |
|  |  |  |  |  |  |

**Tool:** Key Stakeholder Support

**Part A: Your Stakeholders**

Identify and describe the stakeholders who may impact your financial capability planning or implementation work in the far left column. Then answer the questions in the remaining columns to analyze the perspective of each stakeholder. You will use this information to craft a proposal for support in Part B.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Who are the stakeholders whose support you need?**  *Consider groups such as:*  *Internal Stakeholders*   * *Board/Leadership* * *Depts./Staff* * *Clients*   *External Stakeholders*   * *Current Funders* * *Potential Funders* * *Community or Business Leaders*   *Others (e.g., any groups relevant to your own context)* | **What do you need them to do or commit to doing?**  *You may have already identified the financial, staff and material resources you need in Tools 4, 9, 10, 11, or 12.* | **What issues do they care about?**  *What do they spend most of their time and resources on? How do they measure success?* | **What potential objections/**  **concerns might they have to your request?**  *If you’ve worked with them before, what have they supported or rejected?* | **What information, key words or data related to financial capability would they find compelling?**  *Are they more focused on hard data or individual stories? Do they prioritize reaching large numbers of clients? What part of the financial capability rationale would be of interest to them?* | **Where can you get this data or compelling information?**  *Consider local sources tied to your client base or community as well as some of the national sources listed in this section or in References and Resources.* |
|  |  |  |  |  |  |
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**Part B:** The Case for Stakeholder Support

**(i)** Initial Brainstorm

For each stakeholder, complete the table below to map out your problem, solution, and call to action for your financial capability integration effort. ***Repeat this table for each key stakeholder identified in Part A.***

|  |
| --- |
| **Stakeholder:** |
|  |

|  |  |
| --- | --- |
| **Problem**[[4]](#footnote-4)  What client problems are you trying to solve with financial capability integration, and why does the stakeholder care about this problem? |  |
| **Solution**[[5]](#footnote-5)  What financial capability services are you proposing as the solution to this problem? |  |
| **Call to Action[[6]](#footnote-6)**  What specifically do you need this stakeholder to do to help you deploy your proposed solution to your stated problem? |  |

**(ii)** Your Pitch

Refine the information in the table in (i) of this tool to create a concise proposal (e.g., an elevator pitch) that you will present to the stakeholder. Be sure to include elements from the Problem, Solution, and Call to Action listed in the table.

|  |
| --- |
|  |

1. If you create a program flowchart from this information, you may need to create separate boxes for the main service activities. [↑](#footnote-ref-1)
2. Be careful not to confuse *outputs* with *outcomes*. An output describes a program’s activity, not a change in knowledge, attitudes, behaviors, and life conditions of the client. An outcome is an indicator of the change a program made in a client’s life. [↑](#footnote-ref-2)
3. Organizations can determine how they want to define short-, medium-, and long-term when mapping out expected outcomes. Often, short-term suggests outcomes that emerge within 6 months of implementation, medium-term indicates outcomes measurable within 6 to 24 months of implementation, and long-term refers to outcomes occurring after 24 months or more. [↑](#footnote-ref-3)
4. You may have already identified your clients’ specific financial needs in Tool 1. [↑](#footnote-ref-4)
5. You may have already selected your financial capability services in Tool 3 and refined them in Tools 7 and 10. [↑](#footnote-ref-5)
6. You may have already identified the financial, staff, and material resources you need in Tools 4, 9, 10, and 11. [↑](#footnote-ref-6)