

Michigan Saves!
Sample D.
SUMMARY OF MAJOR PARTICIPANT PROGRAM BENCHMARKS

Personal Information

Date of Enrollment: _____ Site ID: _____
 Name: _____ Social Sec. No.: _____ - _____ - _____
 Street: _____ Apt #: _____
 City: _____ State: _____ Zip Code: _____
 Home Phone: (____) _____ Work/Alternative Phone: (____) _____ e-mail: _____
 If married, is spouse in the program _____ yes Spouse Name: _____
 Number of people in household: _____

Account Information

Date Opened Account: ____/____/____ Account Number: _____ H M E
 Funded by: CDBG ____:1 MIDAP ____:1 Other ____:1 Match ____:1
 Targeted Monthly Savings Goal: \$ _____
 Initial Deposit Amount: \$ _____ Asset Goal: _____
 Anticipated length of time in program: _____ Months

Program Benchmark Checklist

	Date Completed
Orientation Session #1 Completed	_____
Orientation session 2 completed	_____
Application	_____
Income verification	_____
Account Opened	_____
Financial Management Education completed	_____
# of hours	
Session 1	_____
Session 2	_____
Session 3	_____
Session 4	_____
Asset Specific training requirement completed	_____
# of hours	
Session 1	_____
Session 2	_____
Session 3	_____
Asset Specific training (continued)	
# of hours	
Session 4	_____
Session 5	_____
Session 6	_____
Has made monthly savings deposits fairly regularly	_____
Sufficient Credit Repair has occurred to purchase home (if applicable)	_____
Completed Saving Requirements	_____
Completed other Asset Specific Requirement (i.e. Business plan, education plan, education counseling)	_____
Request for Asset Withdrawal	_____
Purchase Completed	_____
One Year Follow-up	_____

☛ Instructions: May be used as a cover sheet for Participant files to record the progression of major program benchmarks.