



## INFORMATION PACKET

Thank you for your interest in Chestnut Credit Counseling Services.

The following is a packet of information, telling you about the services we provide.

Please complete the enclosed profile and return it to our office either before or at your initial appointment with our organization. This profile will need to be returned to our office prior to the appointment if you would like to schedule your appointment via telephone or if you are seeking services for bankruptcy preparation. If your initial appointment is for an assessment in person, please bring your completed profile with you to your first appointment.

Do not hesitate to contact our office at the telephone number listed on the enclosed profile if you should have any questions as you are completing the assessment paperwork. We look forward to serving you.

Sincerely,

Chestnut Credit Counseling Services Staff



Chestnut Credit Counseling Services  
1003 Martin Luther King Drive  
Bloomington, Illinois 61701  
phone: 309.820.3501 • toll-free: 1.800.615.3022  
fax: 309.820.3506  
[www.chestnut.org/credit](http://www.chestnut.org/credit)





Initial Assessment	\$0.00
Enrollment fee for a Debt Management Program (DMP)	\$40.00
Monthly DMP administration fee	\$40.00
Returned check, returned ACH NSF fee	\$29.00
Court mandated financial education program (4 hours)	\$60.00
Bankruptcy Credit Counseling (spouse counseling is provided at no charge if completed at same time)	\$50.00
Bankruptcy Debtor Education (spouse counseling is provided at no charge if completed at same time)	\$49.00

**❖ Chestnut Credit Counseling Services is approved for pre-filing and pre-discharge bankruptcy counseling in the Northern, Central and Southern District of Illinois.**

**PROCEDURE:**

- Clients are offered a no-charge initial assessment appointment.**
- If the client wishes to enroll in a DMP, a \$40.00 enrollment fee will be required.
- All DMP clients will be charged a \$40.00 monthly administration fee.
- If within three (3) months after enrollment and the DMP client is not making satisfactory progress<sup>i</sup>, the client will be offered one (or more) of the following additional counseling programs:
  - Budget counseling.
  - Enrollment in a financial educational program.
- Counseling programs will be offered to all clients regardless if enrolled in a DMP.
- Additional counseling programs will be offered to all clients as they become available.
- Service fees are not guaranteed and are subject to review.
- As a client of Chestnut Credit Counseling Services, (CCCS) you have a right to choose or decline any services offered to you by CCCS staff.
- Chestnut Credit Counseling has a formal complaint resolution policy. A copy of this policy will be provided to you upon request, by calling (800) 615-3022 or via email to [bnirwin@chestnut.org](mailto:bnirwin@chestnut.org).



1003 Martin Luther King Dr.  
Bloomington, IL 61701  
Phone: (800) 615-3022 or (309) 820-3501  
Fax: (309) 820-3506

829 Campus Dr.  
Joliet, IL 60435  
Phone: (888) 838-5202 or (815) 725-3465  
Fax: (815) 725-3289

**CLIENT PROFILE**

NAME: \_\_\_\_\_  
LAST FIRST MIDDLE INITIAL

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

OWN or RENT? \_\_\_\_\_ HOW LONG? \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

TELEPHONE: HOME ( ) \_\_\_\_\_ WORK ( ) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ MARITAL STATUS: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
\_\_\_\_\_

POSITION: \_\_\_\_\_ HOW LONG? \_\_\_\_\_

NUMBER OF HOURS PER WEEK: \_\_\_\_\_

PREVIOUS EMPLOYER (if less than 2 years): \_\_\_\_\_

DEPENDENTS

NAME	DATE OF BIRTH
_____	_____
_____	_____
_____	_____
_____	_____



CLIENT PROFILE (continued)

STATEMENT OF INCOME

**PRIMARY INCOME**

**PAY PERIOD:** WEEKLY BI-WEEKLY  
 (Please circle one) SEMIMONTHLY MONTHLY

**GROSS INCOME PER PAY PERIOD:** \$ \_\_\_\_\_  
 (Before deductions)

**DEDUCTIONS:**

FICA (SS)	\$ _____
FIT (FEDERAL)	\$ _____
ST (STATE)	\$ _____
INSURANCE	\$ _____
LOAN PAYMENT	\$ _____
SAVINGS	\$ _____
OTHER	\$ _____
TOTAL	\$ _____
NET INCOME (After deductions)	\$ _____

**OTHER INCOME:**

**PAY PERIOD:** WEEKLY BI-WEEKLY  
 (Please circle one) SEMIMONTHLY MONTHLY

PENSION	\$ _____
CHILD SUPPORT	\$ _____
STUDENT AID	\$ _____
SECOND JOB	\$ _____
OTHER	\$ _____
TOTAL	\$ _____

**COMBINED INCOME**

(Add primary and other income) \$ \_\_\_\_\_





CLIENT PROFILE (continued)

1. What problems led you to seek credit counseling?
  
2. What changes are you looking for?
  
3. Were you advised to seek help or referred to our agency by a creditor?
  
4. Please tell us how you heard about our service.

PLEASE CIRCLE THE MOST CONVENIENT LOCATION:

12 N. 64<sup>th</sup> St.  
Belleville, IL 62223

1003 Martin Luther King Dr.  
Bloomington, IL 61701

205 W. Monroe St. Suite 300  
Chicago, IL 60606

50 Northgate Industrial Dr.  
Granite City, IL 62040

829 Campus Dr.  
Joliet, IL 60435

201 E. Merchant Street  
Kankakee, IL 60901

3400 W. New Leaf Lane  
Peoria, IL 61615

225 N. Cross St.  
Wheaton, IL 60187

Please list below phone number(s) and time(s) when you can be reached to schedule an appointment.

\_\_\_\_\_

Phone Number

\_\_\_\_\_

Best time to be reached

**MAKE AND YEAR OF CAR (S) AND/OR RECREATIONAL VEHICLES  
(Include vans, campers, motorcycles, boats, or snowmobiles)**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

INDICATE WHICH OF THE FOLLOWING APPLY TO YOU:

- |  |  |   |
|--|--|---|
| <input type="radio"/> Checking Account   | <input type="radio"/> Automobile Insurance | <input type="radio"/> Collection Agency |
| <input type="radio"/> Savings Account    | <input type="radio"/> Union Membership     | <input type="radio"/> Bankruptcy        |
| <input type="radio"/> Pension or IRA     | <input type="radio"/> Public Aid Benefits  | <input type="radio"/> Foreclosure       |
| <input type="radio"/> Medical Insurance  | <input type="radio"/> Social Security      |   |
| <input type="radio"/> Payroll Attachment |  |   |

**Estimated Expense Record**

<u>Expense</u>	<u>Monthly Amount</u>	<u>Yearly Amount</u>
Mortgage/Rent		
Second Mortgage		
Electricity		
Water/Sewer/Garbage		
Natural Gas		
Telephone		
Cable/Satellite Service		
Car Payment(s)		
Auto Insurance		
Child Care		
Child Support/Alimony		
Home/Renter's Insurance		
Internet Service		
Newspaper		
Student Loans		
Groceries		
Household Items		
Meals Out/School Lunches/Coffee/Snacks		
Personal Care		
Pet Expenses		
Transportation Expenses (Gasoline, Bus Fare,		
Charitable Donations		
Cigarettes/Alcohol		
Entertainment (video rentals, etc)		
Auto Maintenance		
Clothing		
Home Repairs		
Medical Co-Pays		
Real Estate Taxes		
School Supplies		
School Tuition		
Other: _____		
Other: _____		
<b>Total</b>		



**OUTSTANDING DEBT**

***PLEASE LIST ALL CREDITORS EVEN IF CURRENT***

CREDITOR NAME	ACCOUNT NUMBER	AMOUNT OWED	MONTHLY PAYMENT	DATE LAST PAID	AMOUNT PAID	AMOUNT PAST DUE

**Please provide our office with copies of your most current statements at the time of your assessment.**





Privacy Notice

**PRIVACY POLICY:** Our agency is committed to assuring the privacy of individuals and/or families who have contacted us for assistance. We assure you that all information shared orally and in writing will be managed within legal and ethical considerations. Your "personal financial information," such as your total debt information, income, living expenses, and personal information concerning your financial circumstances, will be provided to creditors and, possibly others with your specific authorization.

We may also use aggregated case file information for the purpose of evaluating our services, gathering valuable research information and designing future programs. Your anonymity will be maintained by the use of your client number or by using aggregate data in all circumstances.

In all other situations, your information may be released to appropriate individuals or agencies **ONLY UPON YOUR WRITTEN REQUEST OR** when our staff has been served by a valid subpoena.

The following **PRIVACY PRACTICES** detail circumstances under which we will release your information to a third party:

1. We do not disclose any nonpublic personal information about our customers or former customers to anyone, except as permitted by law.
2. We may compile data and aggregate information that you give to us, but this information may not be disclosed in a manner that would personally identify you in any way.
3. We may disclose some or all of the information that we collect, as described below, to creditors, or third parties that you have authorized who need this information in order for us to assist you after a counseling session.
4. We may disclose all of the information that we collect, as described below, to creditors and related financial institutions that need this information in order to put you on a debt management program (DMP).
5. We restrict access to nonpublic personal information about you to those employees who need to know that information to provide services to you. We maintain physical, electronic and procedural safeguards that comply with federal regulations to guard your nonpublic personal information.
6. We collect nonpublic personal information about you from the following sources:
  - a. Information we received from you on our applications or other forms you provide;
  - b. Information about your transactions with us, your creditors, or others; and
  - c. Information we receive from a credit-reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
  - a. Information we receive from you on applications or other forms, such as your name, address, social security number, assets, and income;
  - b. Information about your transactions with us, your creditors, or others, such as your account balance, payment history, parties to transactions and credit card usage; and
  - c. Information we receive from a credit-reporting agency, such as your credit history.

**RELEASE:** I hereby authorize this Credit Counseling Agency to release all non-public information it obtains about me to (1) my creditors and (2) any third parties necessary to resolve the matter(s) discussed during my counseling session.

I further **RELEASE** and authorize all of my creditors to provide non-public information about me to this Credit Counseling Agency.

Consumer(s) \_\_\_\_\_

Date \_\_\_\_\_



**STATEMENT OF INITIAL COUNSELING SERVICES**

Please read the following statements carefully so that you will understand the procedures for the counseling session. For simplification, the singular is used even when the plural may apply.

- The agency will provide a confidential comprehensive personal money management interview. I am encouraged, but not obligated to use the advice, counsel and recommendations presented to me. This shall include budgetary advice given by the program and to otherwise perform such tasks as recommended.
- The interview will be conducted by a Certified Consumer Credit Counselor. All Credit Counselors have received their High School diploma or Bachelors Degree and are Certified Credit Counselors, as recognized by National Foundation for Credit Counseling. All instructors have one or more years experience in Financial Education or Credit Counseling.
- In the event you are dissatisfied, you may utilize the Complaint Resolution Process. A copy of this form is available upon request.
- Most of our funding comes from voluntary contribution from creditors who participate in Debt Management Plans (“DMP”). Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund our agency. These contributions are usually calculated as a percentage of payments you make through your DMP— up to fifteen percent (15%) of each payment received. However, your accounts with your creditors will always be credited with one hundred percent (100%) of the amount you pay through us and we will work with all of your creditors regardless of whether they contribute to our agency.
- The agency will provide counseling to all segments of the community regardless of ability to pay our fee. Services may be provided at a reduced rate or free, based on the client’s ability to pay.
- If your credit report reflects that I have paid creditors as agreed in the past, a DMP could have a negative impact on a creditworthiness decision by a potential creditor, landlord or employer in the future. In addition, creditors may report that you are on a DMP and are not paying as originally agreed although they have accepted the reduced payment. This agency does not report to any credit reporting agency. Participation in a debt repayment program may change information that is already on your credit report. I am also aware that debts to creditors I repay through the plan may be able to be discharged through bankruptcy. Counselors cannot provide legal advice. You agree to inform the agency of the decision if I file bankruptcy.
- A current list of creditors who typically participate in debt management plans may be provided to our clients upon request. However, final determination of this participation will not be determined until after a proposal has been received and considered by the creditor.
- At some time in the future, your information may be used for confidential research and/or a neutral third party may contact you to request an evaluation of the agency’s services. If your information is used, your anonymity will be maintained through the use of your client number or by using aggregate data.
- As a client of Chestnut Credit Counseling Services, you have a right to choose between our budget counseling and debt management services, or bankruptcy, or whatever recourse you choose to resolve your financial difficulties. If you believe that the time and effort involved in following a debt management plan would create an unreasonable hardship on you and your family, you may choose other options.

- ❖ You will be given a written assessment outlining a suggested client action plan which will be based on the following options:
- ❖ You will handle any financial concerns on your own.
- ❖ You may choose to enroll in the agency’s Debt Management Plan. Our DMP’s serve the dual role of helping you repay your debts and helping creditors to receive the money owed to them.
- ❖ You will be referred to the other services of the organization or another agency or agencies as appropriate that may be able to assist with particular problems that have been identified. You have a right to use or reject any referrals offered by CCCS staff.

I acknowledge the receipt of this form and I (we) am requesting to receive financial counseling with Chestnut Credit Counseling Services.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date



**YOUR RIGHTS AS A CLIENT OF THE CONSUMER CREDIT COUNSELING PROGRAM**

You have the right to:

1. Receive prompt services.
2. Be treated with dignity and respect.
3. Reject any service offered to you.
4. Be actively involved in a comprehensive assessment of your financial situation and in the development of an appropriate plan to resolve financial problems.
5. Discontinue your association with our program.
6. Make complaints and lodge grievances when complaints are not resolved.
7. Ask questions and have your concerns addressed in a timely manner.
8. Have your records and your identity treated with confidentiality. The agency will not release any information that you place in trust with us without your written consent except when subpoenaed or court ordered. In these cases, you should consult with your attorney.
9. Be given a realistic estimate of the probable amount of time that it will take to complete your debt management plan (DMP). This is to be provided to you in writing and shall include the total debt owed to each of your creditors, the proposed payment to each creditor, and the anticipated number of months to liquidate your debt. You have the right to receive this information prior to your first deposit to the agency.
10. Choose between our budget counseling and debt management services, or bankruptcy, or whatever recourse you choose to resolve your financial difficulties. If you believe that the time and effort involved in following a debt management plan would create an unreasonable hardship on you and your family, you may choose other options.
11. Receive and review aggregate information from our Quality Improvement Committee.
12. To add a statement to his/her case record. Any response to said comments by personnel will also be added to the client case record. The client is then given the opportunity to review and comment on any additions to his/her case record.

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<sup>i</sup> Satisfactory progress is measured by timely DMP payments. Late payments and missed payments may cause a reevaluation of the DMP.

**Current Hours of Operation:**

Bloomington, IL (by appointment) ....Monday through Friday..... 8:00 a.m. to 8:00 p.m.  
 Joliet, IL (by appointment).....Monday through Friday.....8:30 a.m. to 5:00 p.m.  
 All other locations .....(by appointment only) .....(by appointment only)