

# Clermont County OSU Extension Office

## Financial Empowerment Coaching Referral

1. Name: \_\_\_\_\_
2. Address: \_\_\_\_\_  
\_\_\_\_\_
3. Phone number: \_\_\_\_\_
4. Concerns: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. SNAP (food stamp) recipient  Yes  No
6. 1 month of receipts and list of set expenses  Yes

For referral to be made, 1 month of receipts saved and a list of set expenses MUST be checked yes. Financial Empowerment Coaching consists of at least 3 sessions (1-1.5 hours each), over a 3-month time, without children present.

\_\_\_\_\_  
Caseworker

\_\_\_\_\_  
Parent(s)

Caseworker name: \_\_\_\_\_

Phone number: \_\_\_\_\_

Fax to Margaret Jenkins at 513-732-7060 or email to [jenkins.103@osu.edu](mailto:jenkins.103@osu.edu).

