



CONSUMER CREDIT COUNSELING SERVICE

Macon: P. O. Box 31, Macon, GA 31202

☎ Phone (478) 745-6197 | (800) 446-7123

☎ Fax (478) 745-6270

✉ E-mail counselor@cccsmacon.org

🌐 Web <http://www.cccsmacon.org/>

Augusta: 1341 Druid Park Ave., Augusta, GA 30904

☎ Phone (706) 736-2090 | (800) 736-0033

☎ Fax (706) 736-0637

✉ E-mail: counselor@cccsaugusta.org

🌐 Web <http://www.cccsaugusta.org/>

Welcome to Consumer Credit Counseling Service, serving Middle Georgia and the CSRA since 1971. CCCS is a private, nonprofit community service agency that provides professional, confidential counseling and educational programs for individuals and families in matters relating to money and credit management. As a HUD-approved agency, CCCS also assists individuals and families in the area of homeownership education and realizing their goals of homeownership.

CCCS preserves high standards through achieving and maintaining accreditation by the Council on Accreditation (COA) for Children and Family Services. In addition, with over 30 years of cumulative experience, our staff consists of counselors who are certified by the National Foundation for Credit Counseling (NFCC). As both a member of the Better Business Bureau of Central Georgia, Inc. and the United Way of Central Georgia, Inc., CCCS maintains a high level of undisputed integrity.

The agency's "Statement of Counseling Services" is attached with this document. It outlines the "Client Rights and Responsibilities," "Complaint Resolution Process," and the basic expectations of using CCCS and its services as well as the obligations CCCS has to you.

We will work with your schedule and needs as quickly and conveniently as possible with our counselors. We want to add that:

- If you are hearing impaired or need translation services, arrangements can be made for an interpreter.
- You have the right to refuse service and to use or reject the referrals offered.
- Services will be discontinued as a result of:
 - We are unable to meet your specific need.
 - You do not make an effort to work on the agreed upon service plan.
- If you are married, we suggest that you and your spouse both participate in the counseling session. Please make arrangements for someone to care for your children during this important time.

To help you make an informed decision to use CCCS and its services, please feel free to obtain one of our brochures in the lobby. In addition, at the conclusion of your counseling session, you will be given:

- A copy of the "Statement of Counseling Services," "Privacy Notice," as well as any other applicable "Authorization of Release of Records" form
- A customized Client Action Plan
- A personal budget
- A debt amortization sheet (if applicable)

We invite you to use any of our services, encourage your feedback at any time, and trust you will obtain skills and solutions for life. Please feel encouraged to ask any questions or make any suggestions that could help us in serving you or the community better.

Customer Service: Monday – Friday: 8 A.M. – 5 P.M.

Counseling Service: by appointment only



ACCREDITED
COUNCIL ON ACCREDITATION
OF SERVICES FOR FAMILIES
AND CHILDREN, INC.



MEMBER
NATIONAL FOUNDATION FOR
CREDIT COUNSELING

People Who Care



United Way

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 both 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 through 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 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 clients or former clients 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:
 - Information we received from you on our applications or other forms you provide
 - Information about your transactions with us, your creditors, or others; and
 - Information we receive from a credit reporting agency.
7. We may disclose the following kinds of nonpublic personal information about you:
 - Information we receive from you on applications or other forms, such as your name, address, social security number, assets, liabilities and income
 - 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
 - Information we receive from a credit reporting agency, such as your credit history.

RELEASE: I hereby authorize Consumer Credit Counseling Service 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 Consumer Credit Counseling Service.

Consumer(s) _____

Date _____



Instructions for Pre-Bankruptcy Telephone Counseling

Please read, sign and return the following documents

- Personal Information Page
Bankruptcy Pre-Filing Counseling Disclosure Form
Statement of Counseling Services
Privacy Notice
A copy of your government issued identification
This form with your signature and completed information
A money order or cashier's check (payable to CCCS) for the appropriate fee

NOTE: Additional option for payment of fee includes "Check-by-Phone" through Telecheck. Please contact our office for this option.

Once the required documents are received by this Agency by fax, U.S. Mail, or drop-off, you will be contacted the same business day at the contact telephone number you provided below to schedule an appointment time for counseling.

Documents Needed for Counseling:

- 1. Verification of Income (salary check stubs for you, your spouse, or other income that you may have such as disability, pensions, unemployment, etc.).
2. All current creditor billing statements, no matter how small.
3. All papers pertaining to lawsuits, judgments, foreclosure, repossessions, or other legal action.
4. Any payment coupon books or statements of the accounts.
5. We will need all current creditor information: NAME, ACCOUNT NUMBER, PAYMENT ADDRESS, PRESENT BALANCE DUE AND PRESENT MONTHLY PAYMENT.
6. List of monthly living expenses.

The CCCS Staff

Contact Telephone Number (including area code):

Printed Name(s):

Both names if this is a joint session

Your mother's birth/maiden name(s):

Both names if this is a joint session

Your Social Security Number(s):

Both numbers if this is a joint session

(Your mother's birth/maiden name(s) and your Social Security Number(s) will be used as "passwords" that you will need to verify over the telephone prior to the counseling session)

By signing below, I certify under penalty of perjury that the information provided above is true and accurate and that I will be the person being interviewed during the telephone session.

Signature(s):

Date: revised: 7/1/10

Signature(s):

Date:

(Both signatures if this is a joint session)

FOR OFFICE USE ONLY

A Non-Profit Community Service



MEMBER NATIONAL FOUNDATION FOR CREDIT COUNSELING

People Who Care



United Way

Statement of Counseling Services

Please read the following statements carefully so that you will understand the procedures for the counseling session. Initial the line next to each statement to indicate the understanding of that provision. For simplification, the singular is used even when the plural may apply.

_____ I understand Consumer Credit Counseling Service of Middle Georgia, Inc., dba Consumer Credit Counseling Service of the Central Savannah River Area (CSRA) (hereinafter referred to as CCCS) will provide a confidential comprehensive personal money management interview.

_____ I understand that the interview will be conducted by an NFCC certified consumer credit counselor or qualified professional credit counselor. All action plans not conducted by an NFCC certified consumer credit counselor will be reviewed by an NFCC certified consumer credit counselor. All interviews required by the provisions of the United States Bankruptcy Code, 11 U.S.C. Sec. 101 et seq. will be conducted by an NFCC certified consumer credit counselor. I further understand that the receipt of financial counseling does not guarantee participation in the debt management plan service.

_____ I understand that the Debt Management Plan (DMP) serves the dual role of helping me repay my debts and helping creditors collect the money owed them. Most of CCCS' funding comes from voluntary contributions from creditors who participate in the DMP. Since creditors have a financial interest in getting paid, most are willing to make a contribution to help fund CCCS. Their contributions are usually calculated as a percentage of payments I would make through a DMP - up to fifteen percent (15%) of each payment made to the creditor. I further understand that my accounts with my creditors are to be credited with one hundred percent (100%) of the amount I pay through CCCS and that CCCS will work with all of my creditors regardless of whether they contribute or not.

Select the appropriate state and initial:

_____ I understand that I will be charged \$_____ for the initial analysis of my situation. As a resident of the state of **Georgia**, if I choose to enter a Debt Management Plan through CCCS, I will be charged a monthly fee equal to 6 ½ percent of my monthly payment (not to exceed \$40 per month). I understand that service will not be denied based on undue hardship creating an inability to pay and CCCS may not require a voluntary contribution from a consumer for a service provided by CCCS to the consumer. CCCS has made no attempt to offer or solicit the sale of any other product or service in connection with their outlined service provision.

_____ I understand that I will be charged \$_____ for the initial analysis of my situation. As a resident of the state of **South Carolina**, if I choose to enter a Debt Management Plan through CCCS, I will be charged a monthly fee of \$10 per creditor per month (not to exceed \$40 per month). I understand that service will not be denied based on undue hardship creating an inability to pay and CCCS may not require a voluntary contribution from a consumer for a service provided by CCCS to the consumer. CCCS has made no attempt to offer or solicit the sale of any other product or service in connection with their outlined service provision.

_____ I will be given a written assessment outlining a suggested action plan, which will be based on the following options:

- A. I will handle any financial concerns on my own, without use of a Debt Management Plan.
- B. I understand that credit counseling services are not suitable for all consumers and I may request information about other ways, including bankruptcy, to deal with indebtedness.
- C. A counselor may answer questions about bankruptcy, but not give legal advice. If CCCS suggests consulting an attorney, I understand that it is for the purpose of obtaining legal advice and not specifically a recommendation to file bankruptcy. While an attorney can make a recommendation to file bankruptcy, it is a personal choice based on individual circumstances. Because of the possible appearance of a conflict of interest, CCCS will not recommend a specific attorney. I will inform CCCS of the decision if I file bankruptcy.
- D. If I choose to enter into a negotiated Debt Management Plan, CCCS serves as a neutral third party in negotiating with creditors to liquidate financial obligations. While CCCS may obtain a credit report, CCCS has no responsibility or obligation for any past, present or future credit rating I receive. If I choose to utilize a Debt Management Plan, I will receive complete details of requirements, responsibilities and payments outlined.
- E. While my debt analysis will include consideration of payment of secured loans, I understand that the credit counseling services offered by CCCS do not include secured debt, such as mortgages, car/boat loans, most student loans, child support or alimony payments.

_____ I understand that in the event I am dissatisfied, I will follow the Complaint Resolution Process on page two (2) of the Statement of Counseling Services. I further understand that if I am a resident of South Carolina, I may contact the South Carolina Department of Consumer Affairs at 1-800-922-1594 (toll free in S.C.) or (803) 734-4200.

_____ At some time in the future, my information may be used for confidential research and/or a neutral third party may contact me to request an evaluation of the agency's services.

Applicant

Counselor

Co-Applicant

Date

Applicant current address and telephone number

Statement of Counseling Services, Page Two

Client Rights and Responsibilities

Clients have the right to:

- Prompt counseling services for managing money based on their financial situation.
- Fair and equitable treatment including the right to receive services in a non-discriminatory manner; the consistent enforcement of program rules and expectations; and the freedom to express and practice religious and spiritual beliefs.
- Be actively involved in a comprehensive assessment of their financial situation including an appropriate action plan.
- Express dissatisfaction through a Complaint Resolution Process.
- Ask questions and to have concerns addressed.
- Request an in-house review of their service plan.
- Refuse any service and to be informed about the consequences of such refusal.

Clients are responsible for:

- Providing relevant, honest and complete information as a basis for receiving services.
- Actively participating in service decisions.
- Asking questions when uncertain.

Complaint Resolution Process

We are committed to providing you with high quality professional services. However, if you are not satisfied with the services provided or if you want to make a complaint, we ask that you follow these guidelines.

- Step One Try to resolve the issue with the staff member involved giving him or her specific information about your complaint.
- Step Two If Step One is not possible or the issue is not resolved to your satisfaction, request a complaint/grievance form from any staff member or write or call Nicole Caldwell at CCCS, P. O. Box 31, Macon, GA 31202 / (478) 745-6197 / (800) 446-7123 requesting a complaint/grievance form. Complete and return the complaint/grievance form to Ms. Caldwell.
- Step Three CCCS may request a meeting with you (phone or face-to-face) or seek more information from a staff person. The agency will respond within 15 days.
- Step Four If your issue is still unresolved, you may appeal in writing directly to W. Patrick Boisclair, the Chief Executive Officer at CCCS. After additional fact finding, this individual will provide a concluding decision to you within 15 days.

* If you are a resident of South Carolina and you have any complaints about the services received, you may contact the South Carolina Department of Consumer Affairs at 1-800-922-1594 (toll-free in S.C.) or (803) 734-4200.

Non-Discrimination Policy

CCCS serves all members of the community. We do not engage in the practices of discrimination in the selection and participation of clients in our programs or services with respect to race, religion, color, gender, age, national origin, handicap, or financial status.

Consumer Credit Counseling Service GENERAL INFORMATION WORKSHEET

**This information will be held confidential
until you authorize to disclose.**

OFFICE USE ONLY

Date: _____

Counselor: _____

Client ID #: _____

Referred By: _____

BK

FULL NAME		Date of Birth		SPOUSE'S NAME		Date of Birth	
SOCIAL SECURITY NUMBER				SOCIAL SECURITY NUMBER			
PRESENT ADDRESS				Marital Status	# of Dependents	# of Federal Tax Exemptions Claimed	
CITY		STATE		ZIP			
HOME PHONE	WORK PHONE	CELL PHONE		WORK PHONE	CELL PHONE		
EMPLOYED BY:				EMPLOYED BY:			
POSITION				POSITION			

INCOME PER MONTH							
Gross Pay (Monthly)	Take Home Pay (Monthly)	Weekly __ Semimonthly __		Gross Pay (Monthly)	Take Home Pay (Monthly)	Weekly __ Semimonthly __	
		Biweekly __	Monthly __			Biweekly __	Monthly __
		Total each payday \$ _____				Total each payday \$ _____	
List All Payroll Deductions and Amounts				List All Additional Income:			
				Alimony/Child Support:			
				Retirement/Pension:			
				Food Stamps:			
				Social Security:			
				Part-Time Job:			
				Unemployment:			
				All other income:			

Housing

<input type="checkbox"/> Renting	Landlord _____	Monthly Pmt _____
<input type="checkbox"/> Buying	Mortgage Co. _____	Mortgage Bal _____

Do you currently have any judgment/garnishment? _____ If yes, please provide brief descriptions and amounts.

Have you ever filed Bankruptcy? _____ If yes, Which Chapter? _____ Date filed _____

Are you currently on a DMP? _____ If yes, please list current creditors on DMP.



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 E-mail: counselor@cccsaugusta.org
 Web http://www.cccsaugusta.org/

Welcome! We understand that you are here because you are experiencing financial problems, and that you may be considering filing for bankruptcy and are required to receive counseling before you may file.

Consumer Credit Counseling Service has over 35 years of experience of helping people with financial problems. Our role is not to be judgmental, but to provide assistance. Specifically, we will do a budget analysis that will examine your financial situation, discuss the factors that may be the cause of your problems, and explore your options for developing a reasonable plan for dealing with them. We will provide you with information about bankruptcy, including its process and possible consequences. One possible consequence of bankruptcy is that as a “public record” it may be listed on one’s credit report and stay there for ten (10) years. We will also consider alternatives to bankruptcy to resolve your problems. The purpose of this session is to provide you with information so that YOU may choose the option that you think is best. At the conclusion of this session, you will be provided with a certificate that you will need should you decide to file for bankruptcy. The certificate is valid for up to 180 days from the date and time the counseling was completed.

CCCS is a member of the National Foundation for Credit Counseling (NFCC). The NFCC has high standards for quality credit counseling and financial education, and our agency complies with those standards. In addition, our agency is accredited by the Council on Accreditation (COA), an independent third-party organization that reviews and monitors entities that provide social services. We are a non-profit agency. We are organized and operate in accordance with Section 501(c)3 of the Internal Revenue Code. No CCCS staff member receives a commission, incentive, bonus, or benefits (monetary or non-monetary) based on the outcome of this counseling session.

The consumer credit counselor conducting your interview has been trained and certified in accordance with NFCC standards. While they have expertise in helping those with financial problems, they cannot provide you with legal advice. In fact, this session is designed to provide you with information and alternatives; it is not intended to take the place of a consultation with an attorney to explore your legal rights and options.

In order to assist you, it is essential that you provide us with information that is as accurate and complete as possible. For that reason, we may ask you to authorize us to access your credit history. Be assured that the information concerning your financial condition and status that you provide during this session is strictly confidential. Such information would include, but not limited to, income, debts, credit accounts, earnings, assets, and employment data. We will not disclose any such information that you provide orally or in writing to anyone, except as authorized by you in writing or as required by law, such as in response to a subpoena. We may compile data and aggregate information that you give us, but this information will not be disclosed in any manner that would personally identify you. Our agency will not disclose or provide any information about this session to a credit reporting agency. If you should decide to enter into a Debt Management Plan (DMP) (which will be explained in the course of this session) you will be provided with separate agreement and disclosure forms. A DMP could have a negative impact on a credit worthiness decision in the future. However, the pre-filing bankruptcy counseling session you are about to attend is not reported to the credit reporting agencies and as a result, there is no positive or negative impact on your credit report for obtaining the pre-filing bankruptcy counseling.

The pre-filing bankruptcy counseling fee for a session conducted in person or over the phone is \$50 per individual or \$75 for a married couple participating in a joint counseling session. However, a fee of \$35 per person is charged for a counseling session online. The agency’s services are available without regards to a client’s ability to pay the fee. The fee may be waived, if requested, upon demonstration of inability to pay, usually under limited circumstances. Unless waived, the fee must be paid at the time of your counseling session. However, if you are not able to keep your original appointment, we require you pay the fee before another appointment can be scheduled. This is to ensure that valuable appointment times are not wasted. If at any point a replacement or duplicate certificate is requested, a \$10 fee will be charged for each additional copy. The fee can be paid by certified funds, personal checks, debit cards (only in person) or cash (only in person).

In addition to the fees mentioned above, CCCS of Middle Georgia, Inc. also receives funding in the form of grants from the credit grantors, the United Way, and other community grant sources. Additionally, a portion of the agency’s funding comes from voluntary contributions from creditors who participate in DMPs. Since creditors have a financial interest in having debts repaid, most are willing to make a contribution to help fund the overall services of our agency. These contributions are usually calculated as a percentage of payments that are made through a DMP. Again, should you decide to enter into a DMP, you will receive specific information on how the plan works and how the agency is funded.

I have read and understand the disclosures made above.

Signature: _____ Date: _____

Signature: _____ Date: _____ Revised 07/30/2010