



Central Missouri Community Action IMPACT CHECKLIST LIFESKILLS

I have participated in a workshop sponsored by the CMCA and have received training, assistance and information in the following areas.

	Time Attended	Date	Hours
Budgeting <input type="checkbox"/> Emotions & Money <input type="checkbox"/> Goals <input type="checkbox"/> The Almighty Dollar <input type="checkbox"/> Personalized Budget Plan <input type="checkbox"/> Spending Assessment <input type="checkbox"/> Fritter Finder	Session 1: _____ From To	_____	_____
	Session 2: _____ From To	_____	_____
Parenting/Family Dev. (BSF) <input type="checkbox"/> Family Strengths <input type="checkbox"/> Food and Fitness <input type="checkbox"/> Communicating <input type="checkbox"/> Positive Discipline <input type="checkbox"/> Managing Stress <input type="checkbox"/> Balancing Work & Family <input type="checkbox"/> Child Self-Care <input type="checkbox"/> Kids and Self-Esteem	Session 3: _____ From To	_____	_____
	Session 4: _____ From To	_____	_____
Job Readiness/Working Issues (BSF) <input type="checkbox"/> Family Strengths <input type="checkbox"/> Money Matters <input type="checkbox"/> Communicating <input type="checkbox"/> Balancing Work & Family <input type="checkbox"/> Managing Stress <input type="checkbox"/> Goals (Go For It) <input type="checkbox"/> Working/Employment	Session 5: _____ From To	_____	_____
	Session 6: _____ From To	_____	_____
Home Mgnt. (BSF) <input type="checkbox"/> Family Strengths <input type="checkbox"/> Balancing Work & Family <input type="checkbox"/> Communicating <input type="checkbox"/> Customer Beware <input type="checkbox"/> Goals (Go For It) <input type="checkbox"/> Healthy Household <input type="checkbox"/> Money Matters <input type="checkbox"/> Managing Stress	Session 7: _____ From To	_____	_____
	Session 8: _____ From To	_____	_____
<input type="checkbox"/> Weatherization Education <input type="checkbox"/> Home Matters/Rental Education <input type="checkbox"/> Home Ownership <input type="checkbox"/> Other _____	Total Hours Attended: _____		

Participant Signature: _____

Date: _____

FOR OFFICE USE ONLY

PRINT ONLY

County: _____

Participant Name Printed: _____

Participant SS# _____

HOH Name : _____

HOH Social Security #: _____

Number in HH: _____

CSBG Eligible:

Yes, Under 200%

ARRA

- Referred to **Life Skills** in MIS System
- Referred to **Weatherization** MIS system
- Referred to **LIHEAP** in the MIS System
- Referred to **Family Support** in the MIS System
- Referred to **Emergency Assistance** in the MIS System
- Referred to **Outside Resources** in the MIS System

Complete Only if CSBG Eligible for Billing _____

_____ Hours X \$28.00 = _____

Staff Signature: _____

Date: _____