FAIM Program

Tracking Form: Asset-Specific Training Hours

**FAIM Coach**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Agency**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| **GOAL: Complete *10 hours* of training / counseling related to your chosen asset:** **Home Purchase** **Post-Secondary Education** **Personal Vehicle Purchase** **Business Development****FAIM Client:** Return this completed worksheet to your FAIM coach. Training hours must be completed before you can access FAIM account funds. |

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| **Date and Number of Hours Spent:** | **Description of training / counseling:** What did you do?What topics were discussed?How does it relate to your asset track?What are your next steps? | **Counselor Information:**Printed Name, Signature, Job Title & Contact information |
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**FAIM Asset-Specific Training Hours – Page 2**

**FAIM Client Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**If additional space is needed, please start another form.**

**FAIM Coach** – keep a copy of completed form in the local client file with the Economic Education Notes form.