WELFARE
TO WEALTH

BREAK DEPENDENCY.
BUILD STABILITY.
CREATE GENERATIONAL WEALTH.

FAMILY & COMMUNITY SUPPORT

PRACTICAL TOOLS. REAL HELP.
STRONGER FAMILIES.

SUPPORTING
STABILITY
STRENGTH
&
SUCCESS
IN EVERY AREA
OF YOUR LIFE.

YOU DON'T HAVE TO FIGURE IT OUT ALONE.

These resources are here to help your family thrive—one step at a time.

INSIDE THIS RESOURCE COLLECTION

FAMILY STABILITY NEEDS ASSESSMENT
Identify what your family needs most right now.

COMMUNITY RESOURCE NAVIGATION PLANNER
Track and organize the resources you connect with.

BENEFITS TRANSITION PLANNER
Plan wisely for changes in income and benefits.

CHILDCARE & EMPLOYMENT COST CALCULATOR
Compare the real financial impact of a new job.

DOCUMENTS & FINANCIAL RECORDS CHECKLIST
Stay organized and prepared for every opportunity.

"Strong families build strong *communities*. Strong communities create brighter *futures*."

"For I know the plans I have for you," declares the Lord, "plans to prosper you and not to harm you, plans to give you hope and a future."
Jeremiah 29:11

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

EVERY STEP TODAY
BUILDS THEIR TOMORROW.

WELFARE TO WEALTH

FAMILY STABILITY NEEDS ASSESSMENT

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

Strong families build strong futures.
Let's identify what your family needs to thrive.

Name: _____ Date: _____ Family Members: _____

INSTRUCTIONS: Review each area below and identify your family's current status. Check the box that best reflects your situation.

- **STABLE** — No immediate concerns.
- **NEEDS ATTENTION** — Some challenges exist.
- **IMMEDIATE PRIORITY** — Urgent need.

NEED AREA	STABLE	NEEDS ATTENTION	IMMEDIATE PRIORITY	NOTES / NEXT STEPS
HOUSING Safe, stable, affordable housing for my family.	☐	☐	☐	
FOOD Enough nutritious food for my family.	☐	☐	☐	
CHILDCARE Reliable care so I can work or attend school.	☐	☐	☐	
TRANSPORTATION Reliable transportation to get where we need to go.	☐	☐	☐	
HEALTHCARE ACCESS Access to medical, dental, and mental healthcare.	☐	☐	☐	
EMPLOYMENT Steady income or employment that meets my needs.	☐	☐	☐	
UTILITIES Ability to pay for utilities (electric, water, gas, internet, phone).	☐	☐	☐	
EDUCATION Access to education and resources for my family.	☐	☐	☐	
FINANCIAL STABILITY Managing money, savings, and reducing debt.	☐	☐	☐	

TOP 3 IMMEDIATE PRIORITIES

1. _____
2. _____
3. _____

I AM COMMITTED TO TAKING ONE STEP FORWARD:

My next step: _____

_____

By when: _____

NOTES & NEXT STEPS

_____

_____

_____

_____

"You don't have to have it all figured out to take the next step. Start where you are. Use what you have. Do what you can."

STRONG FAMILIES. STRONG COMMUNITIES. BRIGHTER FUTURES.
SURVIVAL → STABILITY → OWNERSHIP → LEGACY

WELFARE TO WEALTH

DOWN PAYMENT SAVINGS PLANNER

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

PLAN TODAY. SAVE WITH PURPOSE. OWN TOMORROW.

HOME GOAL

What type of home are you working toward?

Where do you see yourself living?

Why is this goal important to you?

> *A goal without a plan is just a wish.*

TARGET AMOUNT

My down payment goal is:

$

CURRENT SAVINGS

I have saved:

$

MONTHLY CONTRIBUTION

I will save:

$

Per Month

TARGET DATE

I plan to reach my goal by:

____ / ____ / ____

MY PROGRESS

OVERALL PROGRESS

____ %
OF GOAL

I HAVE SAVED $____ OF MY $____ GOAL

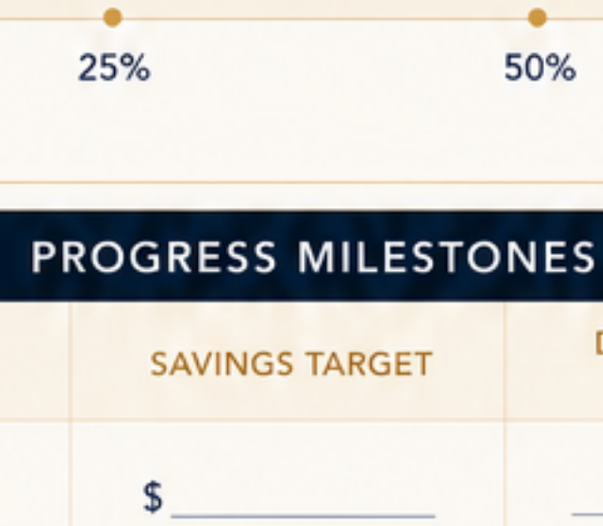
0% 25% 50% 75% 100%

PROGRESS MILESTONES

MILESTONE	PERCENTAGE OF GOAL	SAVINGS TARGET	DATE I PLAN TO REACH IT	DATE ACHIEVED	✓
Getting Started	10%	$____	___ / ___ / ____	___ / ___ / ____	☐
Building Momentum	25%	$____	___ / ___ / ____	___ / ___ / ____	☐
Halfway There	50%	$____	___ / ___ / ____	___ / ___ / ____	☐
Nearly There	75%	$____	___ / ___ / ____	___ / ___ / ____	☐
Goal Achieved!	100%	$____	___ / ___ / ____	___ / ___ / ____	☐

SAVING STRATEGIES I WILL USE

- ☐ Automate my monthly savings
- ☐ Cut unnecessary expenses
- ☐ Use windfalls (tax refunds, bonuses, gifts)
- ☐ Increase income / side hustle
- ☐ Save any extra / overtime pay
- ☐ Other: ____



NOTES & MOTIVATION

Why I'm committed to this goal:

> Discipline today creates freedom tomorrow.

OWNERSHIP IS BUILT ONE DOLLAR AT A TIME.

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

WELFARE TO WEALTH

BENEFITS TRANSITION PLANNER

PREPARE TODAY. PLAN WISELY. PROTECT TOMORROW.

Use this planner to prepare for changes before an increase in income or any change in benefits.

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

IMPORTANT REMINDER

Program rules and eligibility requirements vary by state and program. This planner does NOT calculate eligibility or tell you when to leave benefits. Use it to think ahead and plan. Always verify any changes with the appropriate agency before making decisions.

MY GOAL

I am working toward: _____

Why this matters to me: _____

_____

1. MY CURRENT SUPPORTS SNAPSHOT

List the benefits and supports your family currently receives.

SUPPORT AREA	CURRENTLY RECEIVING? (Y / N)	WHO PROVIDES THIS SUPPORT?	NEXT REVIEW DATE (if known)	NOTES
INCOME SUPPORT (TANF, Cash Assistance, etc.)				
HOUSING ASSISTANCE (Section 8, Public Housing, etc.)				
FOOD ASSISTANCE (SNAP, EBT, WIC, School Meals, etc.)				
CHILDCARE SUPPORT (Subsidies, Vouchers, Programs, etc.)				
HEALTHCARE COVERAGE (Medicaid, CHIP, ACA Marketplace, etc.)				
TRANSPORTATION SUPPORT (Vouchers, Reduced Fares, Gas Help, etc.)				
EMERGENCY SAVINGS SUPPORT (Programs, Grants, Assistance, etc.)				

2. BEFORE & AFTER PLANNING

Think through possible changes if your income increases or if benefits change.

SUPPORT AREA	WHAT MIGHT CHANGE? (Possible Increase / Decrease / End / Stay the Same)	HOW COULD THIS IMPACT MY FAMILY? (Positive or Negative)	WHAT CAN I DO NOW TO PREPARE? (Save, Budget, Research, Skill Building, etc.)	WHO SHOULD I CONTACT TO VERIFY CHANGES? (Agency / Organization)
Income Support				
Housing Assistance				
Food Assistance				
Childcare Support				
Healthcare Coverage				
Transportation Support				
Emergency Savings Support				

3. MY ACTION PLAN

Top 3 actions I will take now to prepare:

1. _____
2. _____
3. _____

Target date to review this plan again: ___ / ___ / _____

4. QUESTIONS TO ASK

- How will this change affect my total household income?
- Will other benefits be impacted?
- Are there work requirements tied to this benefit?
- What reporting changes do I need to make?
- What are my options if benefits decrease or end?
- What resources can help me bridge any gaps?

5. NOTES & REMINDERS

_____

_____

_____

_____

_____

"Preparation today creates peace of mind for tomorrow."

Plan ahead. Stay informed. Build stability. Protect progress.

Always verify any changes with the appropriate agency.

WELFARE TO WEALTH

CHILDCARE & EMPLOYMENT COST CALCULATOR

PLAN WISELY. KNOW YOUR NUMBERS. BUILD YOUR FUTURE.

Compare the real financial effect of a new job

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

IMPORTANT: THIS IS A PLANNING ESTIMATE

Program rules and eligibility vary by state and program. This calculator does NOT determine eligibility or tell you when to leave benefits. Always verify any changes with the appropriate agency before making decisions.

MY GOAL

I am working toward: _____

Why this matters to me: _____

_____

Today's Date: _____ Household Members: _____ Current Job (if any): _____

Job I'm Considering: _____ Employer (if known): _____

1. NEW JOB DETAILS

Job Title	
Hourly Wage	$ _____
Hours Per Week	_____
Gross Pay (Before Taxes)	$ _____ Per: ☐ Hour ☐ Week ☐ Month ☐ Year
Pay Frequency	☐ Weekly ☐ Bi-Weekly ☐ Monthly ☐ Other: _____
Estimated Taxes & Deductions	$ _____ Per Pay Period
Estimated Take-Home Pay	$ _____ Per Pay Period (A)

QUICK SUMMARY

Estimated Household Impact

A	New Take-Home Income (From Section 1)	$ _____
B	Total Costs (From Section 2)	– $ _____
C	Potential Benefit Changes (From Section 3)	– $ _____
D	ESTIMATED HOUSEHOLD IMPACT (A – B – C)	$ _____

Positive number = potential increase
Negative number = potential decrease

2. NEW WORK-RELATED COSTS

Estimate your new or increased expenses related to this job.

COST CATEGORY	MONTHLY ESTIMATE	NOTES (Details, assumptions, or calculations)
CHILDCARE — Full-time, part-time, before/after care, etc.	$ _____	
TRANSPORTATION — Gas, car payment, insurance, maintenance, parking, etc.	$ _____	
WORK-RELATED EXPENSES — Uniforms, supplies, tools, certifications, fees, etc.	$ _____	
OTHER WORK EXPENSES — Meals, phone, internet, subscriptions, etc.	$ _____	
TOTAL NEW WORK-RELATED COSTS (B) (Add all rows above)	$ _____	

3. POTENTIAL BENEFIT CHANGES

These are estimates based on possible changes in income. Verify all changes with the appropriate agency.

POSSIBLE BENEFIT CHANGES	MONTHLY ESTIMATE
Housing Assistance (Section 8, Public Housing, etc.)	– $ _____
Food Assistance (SNAP, EBT, WIC, School Meals, etc.)	– $ _____
Childcare Assistance / Subsidies	– $ _____
Healthcare Coverage (Medicaid, CHIP, ACA, etc.)	– $ _____
Transportation Assistance / Reduced Fares	– $ _____
Other Benefits / Supports (Cash Assistance, LIHEAP, grants, etc.)	– $ _____
TOTAL POTENTIAL BENEFIT CHANGES (C)	– $ _____

4. ESTIMATED HOUSEHOLD IMPACT EXPLAINED

Use this to understand what your estimate means.

POSITIVE NUMBER	You may have more money each month with this new job.
NEGATIVE NUMBER	This job may cost your household more each month.
CLOSE TO ZERO	This job may not change your monthly finances much.

"Knowledge brings peace. Preparation creates power."

5. QUESTIONS TO CONSIDER

- Will this job move me closer to my goals?
- Can I grow in this role over time?
- Will this help my family more in the long run?
- What other benefits (experience, skills, flexibility) will I gain?
- Do I need additional support to make this work?

6. NEXT STEPS

My top 3 next steps:

1. _____
2. _____
3. _____

7. NOTES & REMINDERS

_____

_____

_____

_____

WELFARE TO WEALTH

DOCUMENTS & FINANCIAL RECORDS CHECKLIST

BE ORGANIZED. BE PREPARED. BUILD YOUR FUTURE.

SURVIVAL → STABILITY → OWNERSHIP → LEGACY

WHY THIS MATTERS

Having your important documents organized and up to date saves time, reduces stress, and helps you take advantage of opportunities.

HOW TO USE THIS CHECKLIST

- Gather your documents.
- Keep copies in a safe place.
- Store digitally when possible.
- Update regularly.

ORGANIZATION TIP

Create a folder (physical or digital) for each category and keep everything in one place.

DOCUMENT CATEGORY	WHAT TO INCLUDE (EXAMPLES)	CHECK WHEN COMPLETE	NOTES
1 IDENTIFICATION	• Driver's License / State ID • Passport • Social Security Cards (for all members)	☐	
2 INCOME RECORDS	• Pay stubs (last 30–60 days) • Employer verification letters • Self-employment income records • Unemployment documentation	☐	
3 BENEFIT DOCUMENTATION	• Approval / eligibility letters • Case summary or budget letters • Recertification notices • Recent communication from agency	☐	
4 BANK STATEMENTS	• Checking account statements (last 3–6 months) • Savings account statements (last 3–6 months) • Prepaid card statements (if applicable)	☐	
5 TAX RECORDS	• Last 2–3 years of tax returns • W-2s, 1099s, and other tax forms • IRS letters or notices (if applicable)	☐	
6 LEASE / HOUSING DOCUMENTS	• Lease agreement • Rent payment receipts • Utility bills • Housing assistance documents	☐	
7 INSURANCE	• Health insurance cards / documents • Auto insurance policy • Life insurance (if any) • Home / renters insurance (if applicable)	☐	
8 EMPLOYMENT DOCUMENTS	• Employment offer letters • Employment contracts • Performance reviews • Professional licenses / certifications	☐	
9 CREDIT INFORMATION	• Credit report • Debt account statements • Loan documents (auto, student, etc.) • Credit card statements	☐	

KEEP IN MIND

- Keep originals in a safe, secure place.
- Make copies or scans for a backup.
- Review and update every 3–6 months.
- Know where everything is located.

QUICK CHECK

Are all of your important documents...

- Easy to find?
- Up to date?
- Stored safely?
- Backed up?

If not, update your plan today!

NOTES & ACTION STEPS

☐ Date I will review my documents again: ____ / ____ / _____

ORGANIZATION TODAY CREATES OPPORTUNITY TOMORROW.

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