

**Counselor Recommendation Form
Coast Guard Mutual Assistance Member**

CGMA Client's Name: _____ Date: _____

NFCC Member Agency's Name: _____

Counselor: _____ Location: _____

REASON FOR CLIENT'S FINANCIAL HARDSHIP SITUATION:

RECOMMENDATIONS TO IMPROVE CLIENT'S FINANCIAL HARDSHIP SITUATION

FINDINGS/LOAN RECOMMENDATIONS (Additional pages may be attached as necessary.)

_____ Basic financial counseling will suffice to meet the client's need.

_____ The client does not qualify for assistance under an NFCC approved Debt Management Plan.

_____ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an NFCC approved Debt Management Plan, without a loan from Coast Guard Mutual Assistance.

_____ I have reviewed the CGMA Debt Management Guidelines and the client's financial situation, including projected cash flows, and believe that the client will be able to participate in an NFCC approved Debt Management Plan, but will need a loan from Coast Guard Mutual Assistance.

Recommended Loan Amount: _____ Loan will be used to pay: _____

Number of Months to Repay: _____ Recommended Monthly Loan Payment: _____

I authorize this NFCC Member Agency to release any relevant information relating to my counseling session to Coast Guard Mutual Assistance for purposes of evaluating my Debt Management Loan Request.

CGMA Client's Signature/Date

Counselor's Signature/Date

Please forward this form along with the Application for Coast Guard Mutual Assistance Loan or Grant, and other budget work sheets, including projected cash flow statements, to the member's local Coast Guard Mutual Assistance Representative.