# Financial Literacy Program

## Intake Registration

*This information will be kept strictly confidential*

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: (used in tax filing programs) \_\_\_\_\_\_/\_\_\_\_\_\_/\_\_\_\_\_\_\_

*dd mm yr*

* I require translation

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| **Source of Referral:** (Please check one) |
| * Self
* In-house – I heard through another program in this organization
* Word of mouth/friend
* Website
* Shelter
 | * Another community agency (health care, social services, housing, employment)
* Canada Revenue Agency
* Other government
* Professional referral (e.g. from a psychologist, lawyer)
* Other

 Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **What are the main things you want help with?** (Please check the ones that are most important to you) |
| * Filing my income taxes
* Sorting out my personal finances in general
* Access to banking
* Understanding banking
* Budgeting
* Managing my debt
* Managing my credit card(s)
* Social Assistance issues
* Employment Insurance issues
 | * Access to government entitlements (Child tax credit, CESG, RESPs etc.)
* Disability related issues (e.g. RDSP)
* Replacing my ID (identification)
* Setting a financial goal
* Planning for retirement
* Starting to save
* Pensions
* Sorting out back taxes
* Other

Please explain \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **What is the most important thing that you want to learn more about managing your money?** |
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|  |

**Emergency contact information:**  (*Please provide us with the contact information of someone close to that we can contact in case of emergency*)

First Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you!