# 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!