



## 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

Source of Referral: (Please check <u>one</u> )	
<input type="checkbox"/> Self <input type="checkbox"/> In-house – I heard through another program in this organization <input type="checkbox"/> Word of mouth/friend <input type="checkbox"/> Website <input type="checkbox"/> Shelter	<input type="checkbox"/> Another community agency (health care, social services, housing, employment) <input type="checkbox"/> Canada Revenue Agency <input type="checkbox"/> Other government <input type="checkbox"/> Professional referral (e.g. from a psychologist, lawyer) <input type="checkbox"/> Other Please explain _____
What are the main things you want help with? (Please check the <u>ones</u> that are most important to you)	
<input type="checkbox"/> Filing my income taxes <input type="checkbox"/> Sorting out my personal finances in general <input type="checkbox"/> Access to banking <input type="checkbox"/> Understanding banking <input type="checkbox"/> Budgeting <input type="checkbox"/> Managing my debt <input type="checkbox"/> Managing my credit card(s) <input type="checkbox"/> Social Assistance issues <input type="checkbox"/> Employment Insurance issues	<input type="checkbox"/> Access to government entitlements (Child tax credit, CESG, RESPs etc.) <input type="checkbox"/> Disability related issues (e.g. RDSP) <input type="checkbox"/> Replacing my ID (identification) <input type="checkbox"/> Setting a financial goal <input type="checkbox"/> Planning for retirement <input type="checkbox"/> Starting to save <input type="checkbox"/> Pensions <input type="checkbox"/> Sorting out back taxes <input type="checkbox"/> Other Please explain _____

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


**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!