
Financial health pre-assessment

Date: _____ Client name: _____

A. Your goals

1. Which of the following are long-term goals you would like to work towards?

Check all that apply:

- | | | |
|-------------------------------------|---|---|
| <input type="checkbox"/> Employment | <input type="checkbox"/> Health | <input type="checkbox"/> Improve housing |
| <input type="checkbox"/> Education | <input type="checkbox"/> Retirement/savings | <input type="checkbox"/> Self-employment/own a business |
-

B. Banking

2. Do you have a bank account?

- ☐ No ☐ Yes (Check all that apply): ☐ Saving ☐ Chequing
-

C. Using bank account

- | | | |
|---|-----------------------------|------------------------------|
| 3. Do you check your account balance? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Do you use online banking? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Do you have direct deposit? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Do you use ATM/debit card? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Do you use cheque-cashers? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
| 8. Have you used this account in the last 6 months? | <input type="checkbox"/> No | <input type="checkbox"/> Yes |
-

D. Saving

9. Do you save regularly?

- | | |
|---|--|
| <input type="checkbox"/> No, I never save | <input type="checkbox"/> Yes, monthly |
| <input type="checkbox"/> No, only when I have money | <input type="checkbox"/> Yes, biweekly |
| <input type="checkbox"/> Yes, weekly | |

10. Do you have any savings?

- ☐ No
- ☐ Yes – How much \$ _____

10.1 Where do you save? Check all that apply:

- ☐ Credit union/bank
- ☐ Cash under the mattress/at home
- ☐ Locked-in pension/trust
-

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D. Saving

11. Do you have any of the following? Check all that apply:

- | | |
|--|--|
| <input type="checkbox"/> Registered Education Savings Plan (RESP) | <input type="checkbox"/> Tax Free Savings Account (TFSA) |
| <input type="checkbox"/> Canada Learning Bond (CLB) | <input type="checkbox"/> Registered Disability Savings Plan (RDSP) |
| <input type="checkbox"/> Registered Retirement Savings Plan (RRSP) | <input type="checkbox"/> Other _____ |

12. Do you use automatic deposit to save money?

- ☐ No ☐ Yes
-

E. Credit

13. When was the last time you saw your credit report?

- ☐ Never saw it ☐ 1-6 months ☐ More than 6 months ago

14. Do you know what your credit score is?

- ☐ No ☐ Yes – Credit score: _____
-

F. Debts

15. Do you have any debt?

- ☐ No ☐ Yes – How much \$_____ ☐ Do not know

16. What types of debt do you have? Check all that apply:

- | | |
|--|---|
| <input type="checkbox"/> Credit cards | <input type="checkbox"/> Overdue rental payment |
| <input type="checkbox"/> Student loans | <input type="checkbox"/> Past due bills |
| <input type="checkbox"/> Taxes | <input type="checkbox"/> Informal loans (i.e. loan shark) |
| <input type="checkbox"/> Family responsibility office | <input type="checkbox"/> Friend/family |
| <input type="checkbox"/> Overpayments/debt with government | <input type="checkbox"/> Payday loan |
| <input type="checkbox"/> Mortgage | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Other bank loans | |

17. Do you use any of the following? Check all that apply:

- ☐ Payday loans ☐ Rent-to-own ☐ Pawn shops
-

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G. Incomes, taxes and benefits

18. What is your annual income after taxes \$ _____

☐ Prefer not to say

19. What are your current sources of income? Check all that apply:

- | | |
|---|---|
| <input type="checkbox"/> Wages/salary | <input type="checkbox"/> Employment insurance |
| <input type="checkbox"/> Family and friends | <input type="checkbox"/> HST/GST credit |
| <input type="checkbox"/> Spousal income | <input type="checkbox"/> Child tax benefits |
| <input type="checkbox"/> Social assistance | <input type="checkbox"/> Canada pension/other pension |
| <input type="checkbox"/> Workers compensation | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Long-term disability insurance | |

20. What is your primary employment status? Check ONE:

- | | |
|---|---|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Employed part-time | <input type="checkbox"/> Student |
| <input type="checkbox"/> Self-employed | <input type="checkbox"/> Seeking employment |
| <input type="checkbox"/> On disability | |

21. Did you file your tax return last year?

- ☐ No ☐ Yes

22. Did you get any tax refund?

- ☐ No ☐ Yes ☐ I don't know

If yes, how much? _____

23. Did you get your refund instantly?

- ☐ No ☐ Yes

24. How did you file last year? Check ONE:

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Online | <input type="checkbox"/> Got help for a fee/H&R Block or other tax prep company |
| <input type="checkbox"/> By mail | <input type="checkbox"/> Volunteer clinic |

25. Are there any previous tax returns that you haven't filed yet?

- ☐ No ☐ Yes ☐ I don't know

Clear the form

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