FINANCIAL COUNSELLING PROGRAM

**FINANCIAL HEALTH ASSESSMENT**

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| --- | --- | --- | --- | --- |
| **Name:** |  |  | **Case Record #** |  |
| **Date:** |  |  | **Financial Counsellor:** |  |
|  |

**What made you decide to come see us?**

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**What are your current sources of income?**

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**Is your income stable, or does it fluctuate?**

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**If it fluctuates, how often do you receive it? What is the Minimum? Maximum?**

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**How does this impact your ability to plan?**

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**Do you currently have a budget or spending plan?**  Yes [ ]  No [ ]

**How often do you monitor it?** Weekly [ ]  Monthly [ ]  Annually [ ]

**How often do you stay within your budget?** Always [ ]  Most of the time [ ]  Rarely [ ]  Never [ ]
**What current circumstances are impacting your finances?**

|  |  |  |
| --- | --- | --- |
|[ ]  layoff |[ ]  substance use |[ ]  change in relationship status |
|[ ]  strike |[ ]  gambling |[ ]  change in family |
|[ ]  failure of business |[ ]  impulsive spending |[ ]  relocation |
|[ ]  Illness/injury |[ ]  unforeseen expenses |[ ]  Other: |

**What challenges do you have with your finances?**

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**How do you make most of your purchases?**  Cash [ ]  Debit [ ]  Credit Card [ ]

**In the past 12 months, have you experienced any difficulty paying any of your bills?** Yes [ ]  No [ ]

**How many months have you missed in a row?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Are you currently behind on any of the following?**

|  |  |
| --- | --- |
|[ ]  Rent/mortgage |  |
|[ ]  Utilities |  |
|[ ]  Credit payments |  |
|[ ]  Other: |  |

**Do you currently have a bank account:**  Yes [ ]  No [ ]

**If yes, how many bank accounts do you have/use?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How often do you check the balance in your account(s)?**

|  |  |
| --- | --- |
|[ ]  daily |[ ]  monthly |
|[ ]  weekly |[ ]  yearly |
|[ ]  every 2 weeks |[ ]  never |

**Do you regularly contribute to a savings account?**  Yes [ ]  No [ ]

**How many months of living expenses do you have available in your accounts?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Do you have longer term savings:**  RRSP [ ]  RESP [ ]  Non-registered Investments[ ]

**Do you currently have any debt?** Yes [ ]  No [ ]

**If yes, how much?**

**Who are your creditors?**

**Do you know the amount of debt you currently have?** Yes [ ]  No [ ]

**How would you describe the amount of debt you have right now?**

|  |  |  |
| --- | --- | --- |
|[ ]  right amount |[ ]  somewhat too much |[ ]  unmanageable |

**What types of debt have you used in the past year?**

|  |  |  |
| --- | --- | --- |
|[ ]  Overdraft |[ ]  Bank loan |[ ]  Student loan |
|[ ]  Credit card |[ ]  Other loan |[ ]  Payday loan |

**Within the past year, have you ordered a copy of your credit report from either of the two credit reporting agencies?**

Yes [ ]  No [ ]

**Do you generally make your debt payments on time?**  Yes [ ]  No [ ]

**Have you ever received a collection call? Garnishment? Threat of legal action?** Yes [ ]  No [ ]

**What changes are you hoping to make in your financial situation?**

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**Have you tried any strategies in the past?**

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| --- | --- |
|[ ]  increasing income |[ ]  liquidation of assets |
|[ ]  decreasing expenses |[ ]  borrowing from friends/family |
|[ ]  developing budget/spending plan |[ ]  explored option with bank/credit union |
|[ ]  living on cash |[ ]  negotiated repayment with creditors |
|[ ]  opening new account |[ ]  consultation with Insolvency Trustee |
|[ ]  changing use of credit cards |[ ]  gathering information |
|[ ]  other:  |  |

**What went well? What were some of the challenges?**

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**What are your current/short term goals and priorities?**

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**What are your longer-term goals (more than 6 months)?**

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**What services will help you reach your goals:**

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| --- | --- |
|[ ]  one-on-one counselling/coaching |[ ]  Credit Counselling |
|[ ]  spending plan and budgeting |[ ]  Debt Management Plan |
|[ ]  support to access banking |[ ]  Registered Education Savings Plan information and support |
|[ ]  assistance to access income supports |[ ]  assistance to access tax filing |
|[ ]  other:  |  |
|  |

**What are some of the steps you will take toward achieving those goals?**

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**What support will the Financial Counsellor provide?**

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**What is the next contact date?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **in person**[ ]  **by phone**[ ]  **or other means** [ ]

**Items to be discussed:**

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**Materials to bring to/include in the appointment:**

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**Projected length of service:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  **# of counselling sessions**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Estimated duration of DMP:**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| **Client Signature:** |  | **Date:** |  |
| **Client Signature:** |  | **Date:** |  |
| **Financial Counsellor Signature:** |  | **Date:** |  |

|  |  |  |
| --- | --- | --- |
| http://tbcc-srv/mainsites/administrative/Shared%20Documents/Logos/Associations/CCC/CCC%20small.jpg |  | Description: UW_LOGO_TG |