FINANCIAL COUNSELLING PROGRAM

**FINANCIAL HEALTH ASSESSMENT**

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

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

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

|  |
| --- |
|  |

**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?**

|  |
| --- |
|  |
|  |

**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?**

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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?**

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

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

|  |
| --- |
|  |
|  |

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | 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?**

|  |
| --- |
|  |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |

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

**Items to be discussed:**

|  |
| --- |
|  |
|  |
|  |
|  |

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

|  |
| --- |
|  |
|  |
|  |
|  |

**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 |