

FINANCIAL MENTORING SERVICE

New Client Information Intake Form

To be completed before first appointment



* Date:

* First Name: Last Name:

(Partners First Name: Partners Last Name:)

* Gender: M F Gender Diverse

* Date of Birth: Age:

Address: Town & Suburb:

Telephone: Mobile:

Can we leave a message on these numbers? Yes/No

Email address:

Are you a: NZ Citizen NZ Resident Other (if other please explain)

* Which Ethnic group or Nationality do you most closely identify with?

Tick as many as applicable

- NZ Maori Iwi
- NZ European Other Ethnic Group (Please Specify).....
- New Zealander Pacific (Please specify).....
- Asian (Please specify).....

* What was your country of birth:.....

* Who referred you to our service? e.g. WINZ, Family, Self, Other Service/Agency

Number of dependent children:.....

Details of Dependent Children (under 18 years of age)

Name	Age

Name	Age

* Date of birth of your youngest child: .../.../.....

Current Family Living Situation:

Is your home: Rented Owned Other

Do you have a Mortgage? Yes/No How many bedrooms does your home have?

Which of these options best describes your current living situation?

- 1. Single with no dependent children at home
- 2. Single with dependent children at home
- 3. Living with partner, no dependent children at home
- 4. Living with partner, dependent children at home

Does anyone else live in your home? Yes/No

If Yes, do they contribute financially to the running costs of the home? Yes/No

Please give details

.....

Sources of Income:

Which of the following best describes your sources of income?

- 1. Paid or Self Employment
- 2. Benefit
- 3. Superannuation
- 4. Other

If you receive a benefit, which type do you receive?

Do you know your MSD Client number and logon details?

Do you have any specific support needs? (e.g. hearing, visual, mobility, literacy) Yes/No

Have you used our service before? Yes/No If 'Yes' Name of mentor:

General Information

Please tell us why you are seeking budgeting advice at this time?
(outstanding bills/main expenses; rent, hire purchase, credit cards, loan, etc.)

.....
.....

Emergency Contact.

In case of an emergency, please provide details of the person you would like us to contact

Name:..... Relationship to you:.....

Contact phone number.....

Client Waiver:

This is a **free** service on condition that you are agreeable to the following:-

In accordance with the Privacy Act 1993, Principles 3b and 11b, I understand that this information is to be recorded. Your file may be inspected by a representative that may be auditing our service for the purpose of a quality review.

Our funding contract with Ministry of Social Development (MSD), requires us to share **some** of the above information with them (see *)

Do you consent to this? Yes/No

Client Signature: