

**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: \_\_\_\_\_
- \* Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ \* Gender, please name: \_\_\_\_\_
- \* Address: \_\_\_\_\_ Suburb & Town \_\_\_\_\_
- \* Phone: \_\_\_\_\_ \* Mobile \_\_\_\_\_ \* Email: \_\_\_\_\_

What is your preferred method of contact? Phone/Text/Email

Are you a: NZ Citizen    NZ Resident    Other \_\_\_\_\_

- \* Which Ethnic group or Nationality do you most closely identify with?  
Tick as many as applicable

- NZ Māori        Iwi \_\_\_\_\_
- NZ European        Other Ethnic Group     (Please specify) \_\_\_\_\_
- New Zealander        Pacific     (Please specify) \_\_\_\_\_
- Asian        (Please specify) \_\_\_\_\_

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

**Details of Dependent Children (under 18 years of age)**

- \* Number of dependent children: \_\_\_\_\_

Name	Age

Name	Age

**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

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**Sources of Income:**

Which of the following best describes your sources of income?

- 1. Paid or Self Employment
- 2. Benefit  Type: \_\_\_\_\_
- 3. Superannuation
- 4. Other  \_\_\_\_\_

Do you know your MSD Client number and logon details Yes/No?

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 Financial Mentor: \_\_\_\_\_

**General Information**

Please tell us why you are seeking financial mentoring advice:

(Outstanding bills, rent, hire purchase, payday loans, credit cards, loan, etc.)

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**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: \_\_\_\_\_

Are you currently enrolled with another service within Cambridge Community House?

e.g., Whanau Support, Counselling, Other Yes/No Service \_\_\_\_\_

Are you with an external agency/service? e.g., CADS, Adult Mental Health, ICAMHS, Oranga

Tamariki, Probation, Diversion, Employment Support – Workwise, Workbridge

Yes/No Service \_\_\_\_\_

**Client Waiver:**

**In accordance with the Privacy Act 2020 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 \*). This information is captured on our Client Voices database.**

**Do you consent to this? Yes/No**

Client Signature: \_\_\_\_\_