



# Ashburton Budget Service

## CLIENT INTAKE FORM

Please print clearly

**Presbyterian Support**

Name: \_\_\_\_\_ Referred by: \_\_\_\_\_

Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Country of birth: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ (Iwi) \_\_\_\_\_

Address: \_\_\_\_\_ Landline: \_\_\_\_\_ Mobile: \_\_\_\_\_

\_\_\_\_\_ Email: \_\_\_\_\_

Partner's name and address (if different): \_\_\_\_\_

MAIN SOURCES OF INCOME: Wages/Salary Benefit Other: \_\_\_\_\_ NUMBER OF DEPENDENTS: \_\_\_\_\_

HOUSING: Renting/ Flating Renting - Housing NZ Shared house/ boarding Own home with mortgage Own home freehold Number of bedrooms: \_\_\_\_\_

Previous Budgeting Advice? Yes / No If yes, with whom? \_\_\_\_\_

GOAL/S: \_\_\_\_\_

When are you available for appointments?

Please tick the times that best suit you.

Times	Mon	Tue	Wed	Thu	Fri
9:00 -12:00					
12:30 – 3:00					
3:30 – 5:00					

\* I agree to accept budgeting advice & if I can't attend an appointment I will notify my Financial Mentor.

\* I understand that this service is free and confidential and the budget service/or the budget advisers are not liable to me under any circumstances for their actions or any advice they give, however that liability arises (including through negligence).

\* I will do my best to keep to the agreed budget and arrangements and to not obtain further credit without first discussing it with my Financial Mentor.

\* In accordance with the Privacy Act 1993, Principles 3(b) and 11(d), I understand that this information is to be recorded. I understand that in rare cases the Ministry of Social Development may request my file be transferred to either themselves or another budgeting provider, or they may confidentially inspect my file for the purpose of quality review.

\* I have been informed of the complaints procedure.

Client's Signature: \_\_\_\_\_ Adviser's Signature: \_\_\_\_\_

(On behalf of Presbyterian Support, Ashburton Budget Service)

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

===== **Office Use** =====

**ALLOCATION** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Assigned to: \_\_\_\_\_ Waiting List  Declined

**FILE OPENED** Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Which Service? Mentoring Money Mates Enquiry entered in Client Voices



**Presbyterian  
Support**

***Ashburton Budget Service***

**INQUIRY FORM  
RETURNING / CURRENT CLIENTS**

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Name (Please print clearly ) \_\_\_\_\_

Contact phone: \_\_\_\_\_

1. Who is your Budget Adviser? \_\_\_\_\_

2. (Optional) The reason you called in today is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*\*\* Your inquiry will be given to your Adviser who will contact you as soon as possible. \*\**

-----Office Use Only -----  
Enquiry entered in Client Voices   
=====

**NEW INQUIRY**

*Please complete the form on the other sided of this paper.*

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*After the Budget Service allocation meeting,  
a budget adviser will contact you as soon as possible.*

*Ask the receptionist for a list of what to bring to your first appointment so that you can come prepared.*