

Presbyterian Support Upper South Island Referral / Intake form

For Financial Mentoring / Budget Advice

Client's details				
Name: Age: Email: Address:	Gender:		nicity: one: B:	
Main form of income:	Wages / salary E	Benefit	Other:	
Present concerns re budget				
Housing (circle one)			
Renting or flatting, Own home with mortgage, Sharing housing / boarding, Renting to Housing NZ, Own home freehold, Other:				
Number of people i	n the house			
Ages:				
DOB of youngest child:				
Previous budgeting advice				
Previous budgeting advice?	Yes / No I	f yes, who with?		
Comments:				
Client waiver				
In accordance with the Privacy Act 1993, Principles 3(b) and 11(d), I understand that this information is to be recorded. It has also been explained to me that my file may be inspected by a representative of our contract provider for the purposes of a quality review of this service.				
Client signature D	ate Referrer	Name	Referrer	Organisation
Family Works use:				
Intake Date: Client No: Financial Mentoring:		Assigned to: Work and Inco Money Mates:	me no:	