|  |  |  |  |
| --- | --- | --- | --- |
| Office use | | | |
| **Opening date:** |  | **Referred by:** |  |
| **Client number:** |  | **Work & Income no:** |  |
| **Interviewed by:** |  | **Assigned to:** |  |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Client details | | | | | | | | | | |
| **Name:** |  | | | | | | | | | |
| **Age/DOB:** |  | | | | | **Gender:** | |  | | |
| **Ethnicity:** |  | | | | | **Phone:** | |  | | |
| **Iwi:** |  | | | | | **Email:** | |  | | |
| **Address:** |  | | | | | | | | | |
| **Main form of income:** (Circle one) | Wages / salary | | | Benefit | | | Other: | | | |
| **Partner’s name:** |  | | | | | | | | | |
| **Partner’s address:**  (If different from above) |  | | | | | | | | | |
| **Housing type:**  (Circle one) | Renting or flatting | Own home with mortgage | | | Sharing housing / boarding | | Renting to Housing NZ | | Own home freehold | Other: |
| **Ages of other people in the house:** |  | | | | | | | | | |
| **Previous budgeting advice?** (Circle one) | Yes | | No | | | If yes, who with? | |  | | |
| Goals the client wants to achieve with: | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Client waiver** | | | | | | | | | | | | | | |
| In accordance with the Privacy Act 2020, 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. I understand that in rare cases the Ministry of Social Development may request my file be transferred to either themselves or another budgeting provider. | | | | | | | | | | | | | | |
|  | | Day | | Month | | Year |  | | | Day | Month | | Year |
| Client signature | |  | | | | | Adviser signature | | |  | | | |
|  | |  | | | | |  | | |  | | | |
| Office use | | | | | | | | | | | | | | |
| **Closed date:** | Day | | Month | | Year | | | **Adviser name:** |  | | | | | |
| **Client name**  **/ number:** |  | | | | | | | **Total hours spent:** |  | | | | | |
| **Reason for closure:**  (Circle one) | Needs met | | Client withdrew needs not met | | | | | Referred on | Service ceased assisting | | | Other: | | |



|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Completion details** | | | | | | | | |
| **Client type:**  (Circle one) | One-off | | Ongoing | |  |  |  |  |
| **Specialist advice:** | SIO | NAP | Bankruptcy | | TMM | Other money management | | Other: |
| **Did the client achieve their goals?** | Yes | | No | |  | |  |  |
| If yes, how? If not, why not? | | | | | | | | |
|  |  |  |  |  | |  | |  |
| **Total presenting debt breakdown:** | | | |  | | | | |
| 1. Government departments | $ | | | 6. Retail goods / store cards | | $ | | |
| 2. Courts | $ | | | 7. Professional services | | $ | | |
| 3. Communications | $ | | | 8. Bank loans / credit cards | | $ | | |
| 4. Utilities | $ | | | 9. Finance company loans / cards | | $ | | |
| 5. Accommodation / rent / board | $ | | | 10. Mortgages | | $ | | |
|  |  | | | 11. Family or other type of loan | | $ | | |
| **Financial achievement:** | | | | | | | | |
| Presenting debt: | $ | | | Presenting arrears: | | $ | | |
| Debt repaid: | $ | | | Arrears retired: | | $ | | |
| Payments made by the client or otherwise settled | | | | Payments made by the client or otherwise settled | | | | |
| Debt retired: | $ | | | Arrears written off: | | $ | | |
| Through insolvency | | | | Through insolvency | | | | |
|  | | | |  | | | | |
| **Evidence of greater financial confidence and competence** | | | | | | | | |
|  | | | | | | | | |