



## FINANCIAL COUNSELLING OUTREACH SERVICE

Welcome to Finucare Financial Counselling Services. We look forward to working with you.

Below are opportunities for you to provide information, which will help us, in assisting you. There is also information which we hope will help guide you in what information to bring with you.

We understand that sometimes information is difficult to get. Our financial counsellors are here to help, so please let them know anything you need help with.

Please note that appointments with our financial counsellors will generally take about one hour.

### Section 1

#### 1.1 Personal Information – General

First Name:.....Middle Name: ..... Last Name: .....

DOB:...../...../.....

Address:.....

Email:.....Contact No:.....

**Partner: YES/NO If Attending with your partner- Please Complete a Client Partner Details Form**

#### Partner Details:

First Name:.....Middle Name: ..... Last Name: .....

DOB:...../...../.....

Email:.....Contact No:.....

**1.2 Have you and/or your partner/spouse visited FinUcare previously?** YES / NO

**1.3 Are you aware that any person with whom you may have a personal (eg: a relationship break-up) or legal issue with, is attending our services:** YES / NO

#### 1.4 Are you currently appointed as any of the following:

- Community Treatment Order
- Guardian
- Public Trustee
- Centrelink Money Management Voluntary
- Centrelink Money Management Involuntary



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**1.5 Are there any adults over 18 living in the house?** YES / NO

If yes and you are applying for debts related to household expenses such as gas, electricity, water or rent you must complete details of other Adults living in the house.

Other Adults (over 18 ) Living in House – complete this section if you answered Yes to above		
Name:	DOB	Relationship to Applicant
Name:	DOB	Relationship to Applicant
Name:	DOB	Relationship to Applicant

**1.6 Are there any children under 18 years of age living at this address?** YES / NO

Name:.....DOB:...../...../.....  
 Name:.....DOB:...../...../.....  
 Name:.....DOB:...../...../.....

**1.7 How did you find out about our services?** .....

**SECTION 2: Please tick (✓) one answer for each question**

2.1 Family Composition			
Couple family with no children	<input type="checkbox"/>	Grandparent family	<input type="checkbox"/>
Couple family with children	<input type="checkbox"/>	Single person	<input type="checkbox"/>
One parent family with children	<input type="checkbox"/>	Other family	<input type="checkbox"/>
Not stated or inadequately described	<input type="checkbox"/>		<input type="checkbox"/>

2.2 Aboriginal status
Aboriginal <input type="checkbox"/> Torres Strait Islander <input type="checkbox"/> Both Aboriginal and Torres Strait Islander <input type="checkbox"/>
Neither Aboriginal nor Torres Strait Islander <input type="checkbox"/>

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<b>2.3 Country of birth</b>	
Australia <input type="checkbox"/>	English-speaking country* <input type="checkbox"/>
Other country <input type="checkbox"/> Please indicate country of origin .....	
*UK, NZ, USA, Ireland, Canada or South Africa	

<b>2.4 Main Language Spoken at Home</b>	English <input type="checkbox"/>	Other Language <input type="checkbox"/>
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<b>2.5 Disability</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Mental Health</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, details</b>		

<b>2.6 Main source of income</b>	
Disability Support Pension	
New Start	
Other government payment or benefit	
Paid employment (casual, full-time, part-time, self-employed)	
Compensation payments	
Other income (e.g., superannuation, investments, overseas pension)	
Nil income	
Not stated or inadequately described	

<b>2.7 Level of Household Income of Client (Gross)</b>			
\$0 - \$20,000		\$100,001 - \$120,000	
\$20,001 - \$40,000		\$120,001 - \$140,000	
\$40,001 - \$60,000		\$140,001 - \$160,000	
\$60,001 - \$80,000		\$160,001+	
\$80,001 - \$100,000			

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SECTION 2 Continued. Please tick (✓) one answer for each question

<b>2.8 Labour force status</b>		
Not in labour force <input type="checkbox"/>	Unemployed <input type="checkbox"/>	Employed <input type="checkbox"/>

<b>2.9 Housing Tenure</b>	
Owner without mortgage	
Owner with mortgage	
Renter – private	
Renter – Housing Authority	
Community housing	
Crisis or transitional housing	
Occupier under rent free accommodation	
Boarders/Lodger	
Homeless	
Inappropriate and unstable accommodation*	
Other tenure type	
Not stated or inadequately described	

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### **Paperwork Checklist**

*(Having as many of these with you, as you can, will help us in assisting you)*

- 3 months of current, bank account statements (from today back).
- Latest loan account statement for each of the following requiring help: credit cards, store cards, mortgages, personal loans, hock shops or other debt you may have.
- Rent or Mortgage payment receipts if not on bank statement.
- 3 most current payslips (if working).
- Centrelink Detailed Income and Asset Statements (include all benefits and deductions)
- Copies of Utilities Bills requiring help (Alinta, Synergy, Kleenheat, Origin or other)

**If self-employed additional documents which would be helpful are;**

- 3 months of current, bank transaction statements from all accounts. Personal and business accounts (from today back)
- 3 BAS statements if monthly or 1 BAS statement if lodged quarterly
- Profit and loss statement (if available) or last tax return

#### **Additional Paperwork Required for Other Debts**

- Proof of any other income (as listed at 2.6)
- Ensure ALL debts are listed, even those you are not sure are still current, including fines. (These can be added to the included Income and Expenditure Statement)
- If you are applying for Grants or ER related to household expenses such as gas, electricity, water or rent, please supply income and bank statements for **ALL** adults in the house.

**If you are having trouble obtaining these items, contact our office to discuss ASAP.**

We are able to photocopy these documents in our office, however there may be a short wait time. If you need to discuss anything, or if you require assistance with completion of these forms, or obtaining your documents, please phone or visit our office to discuss.

**For more information please ring on 9581 1281**



## ***FINANCIAL COUNSELLING OUTREACH SERVICE***

### **Offices**

MANDURAH: 2 Tuart Avenue, MANDURAH WA 6210 (In front of Mandurah Library on Pinjarra Road)  
Hours- Monday-Friday 9am-4pm

Ph: 9581 1281      Email: [admin@finucare.org.au](mailto:admin@finucare.org.au)

BYFORD: Inside St Aidan's Anglican Church, 21 Clifton Street, BYFORD WA 6122 Hours-  
Wednesday-Friday 9am-3.30pm

Ph: 0434 409 501, Appointments/enquiries Ph: 9581 1281      Email: [admin@finucare.org.au](mailto:admin@finucare.org.au)

### **Outreach Locations**

Please call our Mandurah office 9581 1281 for appointments/enquiries

PINJARRA Outreach: Murray House Resource Centre, 14 James Street, PINJARRA WA 6208  
Hours- Tuesdays until end of April 2021

JARRAHDAL Outreach: Bruno Gianatti Hall, Munro Street, JARRAHDAL WA 6124  
Hours- Thursdays fortnightly until end of April 2021

KWINANA Outreach: Frank Konecny Community Centre, 2 Skottowe Parkway, PARMELIA WA 6167  
Hours- Thursdays until end of April 2021

WAROONA Outreach: Waroona Community Resource Centre, 10 Henning Street, WAROONA WA 6215  
Hours- Fridays until end of April 2021

Office times are subject to change according to staff availability. If we are not available, please feel free to leave us a message on 9581 1281 or email [admin@finucare.org.au](mailto:admin@finucare.org.au), and we will return your enquiry as soon as possible.

### FORTNIGHTLY INCOME & EXPENDITURE STATEMENT

<b>HOUSING (Total)</b>	<b>\$</b>	<b>FOOD (Total)</b>	<b>\$</b>
Rent		Groceries	
1st Mortgage		Fruit and Vegetables	
2nd Mortgage		Lunches	
Water Rates		Takeaways and Eating out	
Home & Contents Insurance		<b>EDUCATION (Total)</b>	<b>\$</b>
House Repairs		School fees & Books	
Strata Levies		Uniforms	
<b>MEDICAL (Total)</b>	<b>\$</b>	Self-Education	
Medical insurance		School Excursions	
Doctor		Pre-school	
Dentist		Child Minding	
Chemist		<b>OTHER (Total)</b>	<b>\$</b>
<b>PERSONAL (Total)</b>	<b>\$</b>	Superannuation	
Grooming and Cosmetics		Life/Income insurance	
Entertainment		Professional fees	
Club Fees		Savings	
Holidays		Pets Vet Fees	
Gifts		Pet food	
Pocket money - Children		Other expenditure	
Alcoholic Drinks		<b>TRANSPORT (Total)</b>	<b>\$</b>
Cigarettes/Tobacco		Petrol	
Donations/other		Repairs	
DVD's/Videos/Movies		Registration	
Pool/Gardening		Fines	
<b>UTILITIES (Total)</b>	<b>\$</b>	Insurance	
Electricity		Licence	
Heating oil/wood		Fares	
Gas		<b>EXTRAS (Total)</b>	<b>\$</b>
Water			
Mobile Phone			
Internet/Foxtel			
Telephone			
<b>Subtotal</b>	<b>\$</b>	<b>Total</b>	<b>\$</b>



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Loans and Debts (Add Centrelink Debts below)					
<u>Creditors Name</u>	<u>Payment</u>	<u>Balance</u>	<u>Creditors name</u>	<u>Payment</u>	<u>Balance</u>
<b>Subtotal</b>	<b>\$</b>	<b>\$</b>	<b>Totals</b>	<b>\$</b>	<b>\$</b>





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**CLIENT AUTHORITY**

I, ....., authorize FinUCAre Financial Counselling Service to act as my agent and advocate, as well as in seeking access to consumer/credit information about me from:-

.....

I understand that this authorization remains in force until the matter which is the subject of this case is resolved or until I otherwise revoke this statement.

Signature.....

Full Name.....

Date of Birth.....

Date.....

Client Code.....



**FINANCIAL COUNSELLING OUTREACH SERVICE**

**GENERAL RETAINER AND DISCLAIMER**

**To: FinUCAre Financial Counselling Service**

I hereby authorize and request you to act on my behalf in regard to:

.....

I authorize you to make enquiries and negotiate on my behalf to receive and hold relevant documentation and information and do such other things as are reasonably necessary to effectuating this retainer.

I understand and agree that neither the Financial Counsellor nor the FinUCAre Financial Counselling Service warrants, represents or give assurance to me that their information, advice or opinions are accurate or complete. Any information, advice, representation or assistance is given or performed without acceptance of responsibility on their part to me, members of my family, my partners and any other persons on whose behalf or for whose benefit I request assistance of the Financial Counsellor or the FinUCAre Financial Counselling Service.

In the event of any information or materials supplied by me or for me being inaccurate or incomplete, I hereby indemnify the Financial Counsellor or FinUCAre against any loss or liability arising from that inaccuracy of incompleteness.

Client Name.....

Client Signature.....Date...../...../.....

Client Name.....

Client Signature.....Date...../...../.....



**FINANCIAL COUNSELLING OUTREACH SERVICE**

Date: .....

Client name: .....

Client address: .....  
.....

We note that you have consulted this service with a view to the service assisting you to assess your financial situation. In this letter we would like to set out briefly the sort of organization our service is, and the sort of work it does.

Our service is free and confidential and set up to assist consumers to deal with their finances in an effective way. We normally proceed by assisting clients to assess their financial situation realistically, to identify the options open to them to deal with their situation, and to weigh the advantages and disadvantages for them of those alternatives.

Our Agency does not provide legal or accounting advice or assistance and it does not lend money. Our aim overall is to assist you to manage your financial affairs effectively, and to work toward outcomes suitable for you.

Our Agency seeks to avoid any conflict of interest arising in its work. Normally we will only deal with a family or more than one person in a household if the interests of all of the people are the same. It is helpful in those circumstances if you can nominate a spokesperson to pass the family's views and wishes to us, and to convey our suggestions or recommendations to the various members of the family. It is a condition of our acting for you that if it becomes evident that there is a difference of views or interests between family members of such a type as to create a potential conflict of interest, our Agency will cease to act for you. In that situation we shall endeavour to refer you to neighbouring counsellors who may be able to assist different members of the family separately.

While our service maintains the confidentiality of our clients and their files in all normal circumstances, it will disclose information if it is compelled by law to do so. Examples of such compulsion arise if our service is served with a Subpoena issued by a Court, or if a notice is received from Centrelink, Australian Taxation Office or the Child Support Agency. The laws which govern these departments give them the power to require the provision of information by persons or organizations who hold information relevant to their work. We are also required by our management and funding bodies to collect statistics, and report to funding bodies.

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While our service is happy to work with you toward the outcomes you wish to achieve, we emphasise that we cannot guarantee a specific outcome for you. Rather, we offer to work with you towards realistic and achievable goals in the light of the alternatives open to you. In return, we request that you respond within a reasonable time to our letters or telephone calls to you. If we write to you, and do not hear from you within a month we will assume you no longer wish our service to act for you, and we will close your file.

When the matter about which you have consulted us is complete, or if we do not hear from you for more than a month we will close your file. This means that we cease to act on your behalf. We will make available for collection by you such documents that you have handed to us for the purpose of dealing with your matter. We shall retain for our own records copies of letters and documents we have prepared for you, and our diary and file notes which we make as the matter proceeds.

We retain files for a period of seven years after the file is closed. After this time, the file is destroyed or disposed of in such a way the privacy of the material is ensured.

In the course of the work we do with you it may be necessary for us to collect personal information from you, and pass it to third parties such as creditors and their representatives. If it is relevant to the outcomes you wish to achieve we may collect sensitive information concerning health or other factors which affect your ability to meet financial commitments.

If you wish us to deal with your matter in this way, we request that you sign and date the attached copy of this letter, and return it to this service.

Yours faithfully

On behalf of  
Finucare Financial Counselling

Client's Signature .....

Client Print Name .....

Date .....