**[Provider Name]**

**Building Financial Capability services – Client Check-in Form[[1]](#footnote-1)**

**Checking in: About your situation**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name:** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Please circle 0 – 10)** | **No** |  |  |  | **Sometimes** | | |  |  |  | **Yes** |
| **I / we have enough to meet our basic needs and obligations** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **I / we feel in control of any debt** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **I / we can confidently manage our finances** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **I / we are on track to achieve our goals** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **Overall my / our situation is:**  (optional comment) |  | | | | | | | | | | |

**[Provider Name]**

**Building Financial Capability services – Client Check-in Form**

**Checking in: About our services**

|  |  |  |  |
| --- | --- | --- | --- |
| **Your name:** |  | **Date:** |  |

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **(Please circle 0 – 10)** | **No** |  |  |  | **Sometimes** | | |  |  |  | **Yes** |
| **I / we felt listened to, understood and respected** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **The [service / group / session] met our needs and expectations** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **I / we are better able to deal with the issues we wanted help with** | **0** | **1** | **2** | **3** | **4** | **5** | **6** | **7** | **8** | **9** | **10** |
| **What did we do well?**  (optional comment) |  | | | | | | | | | | |
| **What could we improve on?**  (optional comment) |  | | | | | | | | | | |

1. This information helps us to improve our services to you and others, and will help inform our reporting to the Ministry of Social Development (MSD) on the funding we have received for this service. MSD may use the information about our overall results with all of our clients for monitoring and evaluation purposes. None of the information we provide to MSD will identify you individually. [↑](#footnote-ref-1)