

Financial Literacy Training

Participant Profile *(Form: P-02.v2)*

This information will be kept strictly confidential

Name (Please print) _____

ABOUT YOU...

1. Gender (Please check one)

- Male Female

2. Age (Please check one)

- Under 20 41 to 50
 20 to 30 51 to 60
 31 to 40 Over 60

3. Language (Please check one)

- English is my first language Another language is my first language
 French is my first language Please tell us your language

4. Place of birth (Please check one)

- I was born in Canada I was born outside of Canada

5. Are you an Aboriginal or Metis person? (Please check one)

- Yes No

6. Education (Please check the one that shows the highest level you have finished)

- Some elementary school Some college or university
 Some high school Finished college/university
 Finished high school

7. Are any of your children (under 18) living with you now? (Please check one)

- I have no children
 Yes, I have children (under 18) living with me. Please tell us how many _____
 No, my children are not living with me.

THINKING ABOUT MONEY ...

8. How much do you agree with the statements below? (Circle a number for each statement)				
	Never	Sometimes	Usually	Always
I feel confident planning and managing my money	1	2	3	4
I feel comfortable getting help with my money (examples: help with my taxes, help with my credit, talking to someone at the bank)	1	2	3	4

9. For each activity below, please tell us what you do now. (Circle a number for each statement)				
	I do <u>not</u> do this	I do this sometimes	I usually do this	I always do this
Pay my bills on time	1	2	3	4
Make sure that my spending isn't more than my income each month	1	2	3	4
Write out a personal budget	1	2	3	4
Keep track of my spending and income	1	2	3	4
Save money	1	2	3	4
Set a goal for saving	1	2	3	4
Compare prices when shopping	1	2	3	4
Take steps to pay my debt, when I owe money	1	2	3	4
Make a long-term plan for my money	1	2	3	4
Learn about money topics that might affect me	1	2	3	4
Get help with my money (examples: filing taxes, credit help, or counseling)	1	2	3	4
Check my credit report	1	2	3	4
Take action to build or improve my credit score	1	2	3	4

10. What are two things you want to learn more about managing your money?

YOUR MONEY ...

11. Where do you do your banking now? (Please check all that you are doing)

- Bank or credit union
- Other banking services (examples: cheque cashing, pay day loans)
- I don't do banking
- Other: please tell us _____

12. Are you saving money now? (Please check one)

- Yes -----↓
- No

13. If yes, what are you saving for? (Please check all that you are doing)

- My education
 - My child's education
 - Housing
 - Paying back money I owe
 - Something big
 - For an emergency
 - Retirement
 - No special goal
 - Other
- Please tell us _____

14. How are you receiving income, or money, now? (Please check all that you are receiving)

- None
 - Job - Full time
 - Job - Part time
 - Self-employment
 - Employment Insurance (EI)
 - Social Assistance/Welfare
 - Government Benefits (examples: Child Benefits, HST rebate)
 - Government Disability Benefits
 - Retirement income/pension
 - Other
- Please tell us _____

15. How much money do you make or receive for one year? (Please check one)

- None
- Under \$5000
- \$5,000 to \$10,000
- \$10,001 to \$20,000
- \$20,001 to \$30,000
- \$30,001 to \$40,000
- Over \$40,000

16. Over the last year, have you been late by 2 months or more on a bill or other payment? (examples: cell phone, rent, heat, electricity)

- Yes
- No

17. Do you need to pay any money, or debt, now? (Please check one)

- Yes -----
 No ↓

18. If yes, what kind of debt do you have? (Please check all that you need to pay)

- | | |
|---|--|
| <input type="checkbox"/> Credit card | <input checked="" type="checkbox"/> Mortgage |
| <input type="checkbox"/> Cell phone | <input type="checkbox"/> Child support |
| <input type="checkbox"/> Student loans | <input type="checkbox"/> Family/friends |
| <input type="checkbox"/> Car or other large purchase | <input type="checkbox"/> Something to do with business |
| <input type="checkbox"/> Utilities (phone, hydro, cable) | <input type="checkbox"/> Taxes |
| <input type="checkbox"/> Bank – non mortgage
(examples: bank loan, line of credit, bank account overdraft) | <input type="checkbox"/> Other
Please tell us _____ |

19. What is your debt level now (NOT including a mortgage)? (Please check one)

- None
 Less than \$2,500
 \$2,500 to \$5,000
 \$5,001 to \$10,000
 \$10,001 to \$20,000
 \$20,001 to \$30,000
 \$30,001 to \$40,000
 More than \$40,000

THANK YOU