



DEPARTMENT OF
**COMMUNITY
SERVICES**

Louisville Metro Community Services
Advocacy and Empowerment Division

Finance 4 U
Free Financial Empowerment Workshop Series

Tuesday Evenings
November 10, 2015- December 15, 2015
5:30 p.m. - 7:30 p.m.
Catholic Enrichment Center
3146 W. Broadway



Tired of juggling your money?

Topics:

- \$ *Your money relationship*
- \$ *Spending Plan, Tracking Spending, and Budgets*
- \$ *The Good Credit Game*
- \$ *Coupons / Nutrition*
- \$ *Banks / Credit Union — Which is for me?*
- \$ *Insurance, Micro Business, Avoid Holiday debt*

Facilitator:

Joi E. Boyd, Social Service Program Specialist
Certified Financial Social Worker



TO CREATE WEALTH BEGINS WITH ONE STEP!

Ready to become financially empowered?

All applicants must be Jefferson County residents within 125% of the federal poverty guidelines.

To register, contact:
Joi E. Boyd
Louisville Metro Community Services
810 Barret Ave. 3rd Floor
Louisville, KY 40204

Phone: 502-574-7301
Fax: 502-574-5548
E-mail: joi.boyd@louisvilleky.gov

Application available at www.louisvilleky.gov/csr

Knowledge Is Power & Empowerment Comes From Within

Applications may be submitted up until November 06, 2015 at 4:30 p.m. (or until classes or filled).

Louisville Metro Community Services

FINANCE 4 U

APPLICATION



APPLICANT INFORMATION			
Applicant Name		Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	
Street Address			
City	State	Zip Code	
Phone	Alternate Phone	Date of Birth / /	
Caseworker (if already working with Community Services)			
Dates of session: <i>Every Tuesday beginning November 10, 2015 – December 15, 2015 5:30 p.m. – 7:30 p.m.</i>			
HIGH/SECONDARY SCHOOL INFORMATION			
Highest Level of Education Completed		Diploma/GED Date	
CURRENT EMPLOYER INFORMATION			
Job Title	Employer	Work Days	Work Hours
REQUIRED DOCUMENTS			
Please attach the following required documents to this application: <input type="checkbox"/> Copy of Driver's License (or State issued I.D.) <input type="checkbox"/> Copy of Social Security Cards for all household members <input type="checkbox"/> Proof of income for previous month (check stubs, food stamp letter, etc.)			
EXPECTATIONS			
<input type="checkbox"/> Attend all scheduled classes and arrive on time <input type="checkbox"/> Participate in class activities and complete all assignments <input type="checkbox"/> Maintain confidentiality concerning information discussed in class <input type="checkbox"/> Seek legal or professional advice from professionals only <input type="checkbox"/> Notify class coordinator of absence within 48 hours of next scheduled class <input type="checkbox"/> Maintain contact with CAP staff for three (3) months after completion of class			
SIGNATURE			
My signature indicates that I understand and approve the above mentioned program expectations.			
Applicant Signature			Date
INCOME/HOUSEHOLD VERIFICATION (for office use only)			
Household Size	Household Annual Income \$		Income Verification Used
Staff Signature		Client Signature	Date

Participants selected on a first-come, first served basis. Applications may be submitted up until close of business day on November 06, 2015 4:30 p.m. (Or until classes are filled) to Community Services; Attn: Joi E. Boyd; 810 Barret Avenue, 3rd flr. Louisville, KY 40204. This project is funded, in part, under a contract with the Cabinet for Health and Family Services with funds from the Community Services Block Grant Act of the U.S. Department of Health and Human Services.