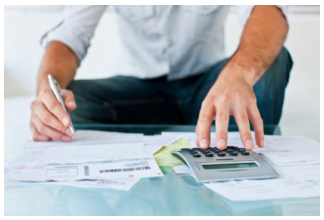
DEPARTMENT OF
COMMUNITY
SERVICES

Louisville Metro Community Services
Advocacy and Empowerment Division

Finance 4 U

Free Financial Empowerment Workshop Series

Wednesday Mornings
November 11, 2015- December 16, 2015
11:00 am. - 1:00 p.m.
Catholic Enrichment Center
3146 W. Broadway



Tired of juggling your money?

Topics:

- $ ***Saving while on a fixed income***
- $ ***Avoiding Holiday debt / Beware of Identity theft***
- $ ***Nutrition / coupons***
- $ ***Money saving and helpful Phone Apps***
- $ ***Banks / Credit Union — Which is for me?***
- $ ***Watch out for scammers***

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

Ready to become financially empowered?

TO CREATE WEALTH BEGINS WITH ONE STEP!

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 ❑ Male ❑ Female
Street Address			
City	State		Zip Code
Phone	Alternate Phone		Date of Birth / /
Caseworker (if already working with Community Services)			
Dates of session: ***Every Wednesday beginning November 11, 2015 – December 16, 2015 11:00 a.m. – 1:00 p.m.***			

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:
- ❑ Copy of Driver's License (or State issued I.D.)
- ❑ Copy of Social Security Cards for all household members
- ❑ Proof of income for previous month (check stubs, food stamp letter, etc.)

EXPECTATIONS

- ❑ Attend all scheduled classes and arrive on time
- ❑ Participate in class activities and complete all assignments
- ❑ Maintain confidentiality concerning information discussed in class
- ❑ Seek legal or professional advice from professionals only
- ❑ Notify class coordinator of absence within 48 hours of next scheduled class
- ❑ 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.

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