



DEPARTMENT OF
**COMMUNITY
SERVICES**

Louisville Metro Community Services
Advocacy and Empowerment division

Finance 4 U

FREE Financial Empowerment Workshop Series

Wednesday Evenings

March 16, 2016 through April 27, 2016

5:30 - 7:30 p.m.

The Nia Center

2900 W. Broadway

2nd Floor Conference Room

Louisville, KY 40212

Topics:

- \$ Let's start at the beginning – Tracking spending
- \$ Money Habitudes – Your relationship with money
- \$ Spending Wisely – Coupons
- \$ The Good Credit Activity – Lending, credit reports / Scores; How important are they?
- \$ Banks / Credit Unions – Which is for me?
- \$ Microenterprise / Insurance

Facilitator:

Joi E. Boyd, Social Service Program Specialist

Louisville Metro Community Services



Ready to become financially empowered?

Knowledge Is Power & Empowerment Comes From Within

To register, contact:

Joi E. Boyd

Louisville Metro Community Services

810 Barret Ave. 3rd Floor

Louisville, KY 40204

Phone: 502-574-7301

Fax: 502-574-4275

E-mail: joi.boyd@louisvilleky.gov

Application available online

www.louisvilleky.gov/community_services

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

Applications may be submitted up until Friday March 11, 2016 at 4:30 p.m. (or until classes are 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 Wednesday beginning March 16, 2016 – April 27, 2016 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 Community Services 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	Date		

Participants selected on a first-come, first served basis. Applications may be submitted up until close of business day on March 11, 2016 by 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.