

Family Self-Sufficiency Application

Date _____

Name _____ Soc Sec # _____

Address _____

Phone _____ Email address _____

Please list all members of your household, starting with yourself:

Name of Family Member	Age	Sex	Relationship to Head of Household	In School?	Employed?
			Self		

1. Do you receive:

TANF? _____ SSI or SSDI? _____ Food Stamps? _____ Medicaid? _____

Child or Family Health Plus? _____ Subsidized child care? _____

2. Do you now work with an agency or case manager who helps you and your family find services that you need? _____ If yes, please list the person's name and the agency:

3. What is your highest school grade completed? (please circle one)
 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 Degree? _____

4. Have you ever been enrolled in a training or vocational program? _____ If yes, please list program information below:

Course/ Program	Sponsoring Agency	Number of Months attended	Date Completed

5. Other than housing, what needs do you currently have?

- | | |
|-------------------------------|---------------------------------|
| _____ Job Training | _____ Help finding a job |
| _____ Drivers license | _____ Transportation |
| _____ High School/GED | _____ College/Vocational School |
| _____ Credit Counseling | _____ Help with budget |
| _____ Drug/Alcohol Counseling | _____ Childcare |

Please list any other needs you or your family may have:

6. Would anything prevent you from starting a training program or job search now? _____ If so, please explain _____

7. Would any other adult household members (18 & over) want to participate in the FSS program? _____ If so, who? _____

Signature

Date