



**FAMILY SELF SUFFICIENCY PROGRAM  
INFORMAL SURVEY  
GRADUATES**

1. Have you maintained a good paying job or have you gotten new employment since graduating the FSS program? Yes No What type of employment? Full time Part time On Call
2. What level of education have you completed since graduating FSS? \_\_\_\_\_
3. If employed has there been significant income increases with the employment? Yes No  
Do you expect to see another increase over the next 12 months? Yes No
4. Have you been able to start and maintain any type of savings since graduating from FSS?  
Yes No
5. Do you receive any other types of public assistance? Circle any that apply:  
Food stamps Medical Child Care WIC Housing Assistance
6. Have you purchased a home since graduating from the FSS program? Yes No If yes, do you still occupy the home? Yes No
7. Do you consider yourself self sufficient or in a better position since participating in the FSS program? Yes No
8. Do you feel the FSS program was beneficial to your household? Yes No Why or why not?  
\_\_\_\_\_
9. As a past participant, where do you see changes that need to be made to the program to make it better? \_\_\_\_\_
10. Would you consider helping to facilitate a mentoring support group for current FSS participants? Yes No If so what evenings and times would be convenient for you? \_\_\_\_\_
11. Other comments or suggestions for the program \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
12. (Optional) Name \_\_\_\_\_ Phone \_\_\_\_\_

Thank you for taking the time to fill this out. Please mail back in enclosed envelope.