# FAMILY SELF-SUFFICIENCY PROGRAM
## APPLICATION/NEEDS ASSESSMENT

1. **Application Date:** ____________________________

2. **Last Name** | **First Name** | **Middle Initial**
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3. **Address** | **City** | **State** | **Zip**
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4. **Mailing Address if different** | **City** | **State** | **Zip**
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5. **Telephone** | **Emergency Telephone** | **SS #** | **Driver’s License**
| ( ) | ( ) | ___Yes ___No |

6. **Marital Status:**
- ____ Married
- ____ Single
- ____ Separated
- ____ Divorced
- ____ Widowed

### EDUCATION

<table>
<thead>
<tr>
<th>Name</th>
<th>Address</th>
<th>Years Completed</th>
<th>Did You Graduate</th>
<th>Course of Study</th>
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### HIGH SCHOOL

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<th>College</th>
<th>Major</th>
<th>Degree</th>
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### COLLEGE

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<th>Other</th>
<th>Major</th>
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### WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT

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<tr>
<th>From:</th>
<th>Company Name</th>
<th>Address</th>
<th>Position Held and Duties</th>
<th>No. of Hours/Week</th>
<th>Reason for Leaving</th>
<th>Last Wages per</th>
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### WORK EXPERIENCE - NEXT RECENT

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<th>No. of Hours/Week</th>
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8. **Have you served an apprenticeship?**
- ____ No
- ____ Yes

9. **If Yes where?**
5. Have you participated in the Family Self-Sufficiency Program in the past? ________________________

6. List people living in your household (please use the back of the page if you need more room).

<table>
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<tr>
<th>Name (first, last)</th>
<th>Relationship</th>
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7. Are there any other adult (over 18 years of age) family members who will want to participate in the Family Self Sufficiency Program? _____Yes _____No. If yes, indicate name(s) of family member(s).

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________

8. Have you been convicted of a crime within the last 5 years? ________________________________

9. Are you currently on probation or parole? ______________________________________

10. What is your household’s total monthly income (gross)? ________________________________

11. How much do you feel you need to earn to support your family? __________________________

12. Describe the type of transportation you are currently using (year, make, model) and is it dependable? ______________________________

13. Do you have any financial problems (creditors calling you, unable to pay bills?) If so, please explain. __________________________________

14. Can you access relatives or friends for financial support, if needed? ______________________

15. Do you run out of money often? Please explain. __________________________________________

FAMILY/PERSONAL

16. What are natural abilities, hobbies, or interests you have? ________________________________

17. What are your education/career/job goals for the future? ________________________________

18. What steps have you taken to achieve your goals? ________________________________________

19. What has stopped you up to this point from obtaining your goal to become self sufficient? ________________

20. Please explain strengths, potential concerns, and problems of your family? __________________

21. Do you have any major problems in your life (for example, financial, legal or other)? ________________

22. Do you or your child(ren) have medical problems? If so, explain. ____________________________

23. What changes, if any, would you like to make in your life in the next few years? ________________

________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
24. What three things do you most want to accomplish in the next 6 to 12 months?
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

SUPPORTIVE SERVICES

25. Check services you are currently receiving and ones you need to complete your goals.

Currently receiving: Need to complete goals:

- School Grants & Loans
- Financial Assistance (MFIP, GA, SSI, Unemployment, etc.)
- Medical Assistance
- Child Care
- GED Classes
- Job Training
- Job Placement/Search
- Career Counseling
- Job Preparedness
- Transportation Assistance
- Reading Skills
- Math Skills
- Budget/Credit Counseling
- Drug/Alcohol Rehab or Counseling
- Higher Education
- Legal Aid
- Time Management Skills
- Decision Making Skills
- Battered Women’s Counseling
- Sexual Assault/Incest Survivor Counseling
- Food Stamps
- Handicapped Services
- Mental Health/Personal Counseling
- Salvation Army
- Marital Counseling
- Rental Assistance
- Head Start
- Fuel Assistance
- Parenting Skills
- Other (please list): ______________________

26. List the names of children for whom you would need child care services if you took training courses to obtain employment. ____________________________________________________________

27. Does your current home meet your needs - warm in the winter; clean; rodent free; fire proof and safe for you and your children? If not explain. ____________________________________________________________

28. Do you require any accommodations for handicap accessibility? _____Yes _____No If yes, what accommodations do you need? ____________________________________________________________

29. Are you interested in homeownership? ____________________________________________

30. Please feel free to tell me anything else you feel is necessary for me to know to help you achieve your goals in the next five years. ____________________________________________________________

CERTIFICATION

I hereby certify and affirm that the above statements are true and correct. I understand that the Housing and Redevelopment Authority could verify the statements herein and I have no objections to inquiries being made if we feel you have misrepresented any information. WARNING!! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentations to any department or agency of the U.S. as to any matter within its jurisdiction.

__________________________________________________________
Signature of Applicant

__________________________________________________________
Date