



Brainerd HRA

324 East River Road
 Brainerd, MN 56401
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FAMILY SELF-SUFFICIENCY PROGRAM
 APPLICATION/NEEDS ASSESSMENT

1. Application Date: _____

Last Name	First Name	Middle Initial
Address	City	State Zip
Mailing Address if different	City	State Zip
Telephone ()	Emergency Telephone ()	SS # Driver's License Yes No

2. Marital Status: ___ Married ___ Single ___ Separated ___ Divorced ___ Widowed

3.

EDUCATION					
Name	Address	Years Completed	Did You Graduate	Course of Study	
High School					
College				Major	Degree
Other				Major	Degree

4.

WORK EXPERIENCE - LIST PRESENT AND FORMER EMPLOYERS BEGINNING WITH MOST RECENT		
From: To:	Company Name	Address
Position Held and Duties	No. of Hours/Week Last wages per	Reason for Leaving

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

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

WORK EXPERIENCE - NEXT RECENT

From: To:	Company Name	Address	
Position held and Duties	No. of Hours/Week	Reason for Leaving	
	Last Wages _____ per _____		
Have you served an apprenticeship? ____ No ____ Yes If Yes where?	Type of Trade	Dates	

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).

<u>Name (first, last)</u>	<u>Relationship</u>	<u>Date of Birth</u>

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