

I am interested in participation in the Family Self-Sufficiency Program and/or the Homeownership Program. Please schedule me for a mandatory briefing session. I understand that failure to attend the briefing session will result in my name being removed from the list of interested participants.

Name: \_\_\_\_\_

Head of Household \_\_\_\_\_

Number of Household  
Members (including  
yourself) \_\_\_\_\_

Your Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Your Telephone Number \_\_\_\_\_

Message Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

1. Are you employed? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, complete the following)  
 Name of Employer \_\_\_\_\_  
 Job Title \_\_\_\_\_ Pay \$ \_\_\_\_\_ Per \_\_\_\_\_  
 Date of Hire \_\_\_\_\_  
 Mark the benefits you receive from your employer:  
 Health Benefits \_\_\_\_\_ Retirement Benefits \_\_\_\_\_ Other (explain) \_\_\_\_\_
2. What other types of jobs have you had in the past six (6) years? \_\_\_\_\_  
 \_\_\_\_\_
3. What is the highest grade you completed in school? (Circle one)  
**School** 01 02 03 04 05 06 07 08 09 10 11 12      **GED**      **College** 01 02 03 04
4. Do you receive any of the following types of income?  
 TANF (AFDC) \_\_\_\_\_ Disability \_\_\_\_\_ Medicaid/Children's Health Insurance \_\_\_\_\_ Earned Income Credit \_\_\_\_\_  
 Food Stamps \_\_\_\_\_ Unemployment \_\_\_\_\_ Child Support/Alimony \_\_\_\_\_ Other \_\_\_\_\_
5. Have you been through Job Club, JTPA, or any other employment program? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If yes, which program were you in? \_\_\_\_\_  
 Are you still in the program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, when will you graduate? \_\_\_\_\_

**FINANCIAL INFORMATION**

1. Do you have a checking account? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have a savings account? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you have trouble paying your bills on time? Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER HOUSEHOLD MEMBER INFORMATION**

1. If there are children in the household is/are he/she/they in childcare? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are there *other household* members that are employed? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are there *other household* members who have high school diplomas or GEDs? Yes \_\_\_\_\_ No \_\_\_\_\_

**OTHER NEEDS**

1. Do you have adequate childcare that will allow you to go to work? Yes \_\_\_\_\_ No \_\_\_\_\_  
 If no, why not? \_\_\_\_\_
2. What kind of transportation do you use? Own car \_\_\_\_\_ Rides from friends \_\_\_\_\_ Bus \_\_\_\_\_  
 Other (please explain) \_\_\_\_\_
3. Do you have a drivers license? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Do you and your family have affordable healthcare? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Is there any other issue which might keep you from getting or keeping suitable employment?  
 \_\_\_\_\_

**GOALS FOR THE FUTURE**

1. What kind of work would you like to do? \_\_\_\_\_  
Are you willing to get training or go back to school? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Are you interested in owning your own home? Yes \_\_\_\_\_ No \_\_\_\_\_  
How would you rate your credit? Excellent \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Bad \_\_\_\_
3. Do you have any other goals you would like to accomplish? \_\_\_\_\_  
\_\_\_\_\_
4. What areas do you need to improve?  
Education \_\_\_\_\_ Job Training \_\_\_\_\_ Job Search \_\_\_\_\_ Transportation \_\_\_\_\_ Healthcare \_\_\_\_\_  
Drug Treatment/Rehab \_\_\_\_ Mentoring \_\_\_\_\_ Saving Money \_\_\_\_\_ Finding Childcare \_\_\_\_\_  
Budgeting \_\_\_\_\_ Improving Credit Score \_\_\_\_\_ Parenting \_\_\_\_\_ Finding Housing \_\_\_\_\_
5. What do you think the Family Self-Sufficiency (FSS) Program will do for you? \_\_\_\_\_ No \_\_\_\_\_
6. List your three (3) most important goals to attain financial self-sufficiency?
  - 1) \_\_\_\_\_
  - 2) \_\_\_\_\_
  - 3) \_\_\_\_\_