

Family Self-Sufficiency/ Homeownership Program Participant Application

Name: _____ Date: _____

Date of birth: _____

Phone number: _____ Email: _____

Address: _____

Does any family member need special assistance due to disability? What is needed?

Education:

Circle last year completed

Grade 6 7 8 9 10 11 12 13 14 15 16 +

Have you attended any post high school training, certification programs, or college(s)?
If yes, please list below, with certificates or degrees earned.

Employment

If you are currently employed, where are you employed? _____

Date current employment began: _____

Full-time _____ Part-time _____ Permanent _____ Temporary _____ Seasonal _____

What type of benefits do you get at your current job?

_____ Health Insurance

_____ Retirement

_____ Dental

_____ Other—Please explain _____

What do you like about this job? _____

What do you dislike about this job? _____

Are you currently looking for a job? _____ yes _____ no

Legal History

- I am currently involved or expect to be involved in a court or legal matter (including child support or custody)
- One of my children is involved in the juvenile court system.
- One of the adults in my household is currently involved in the adult court system.
- I have been convicted of a misdemeanor. _____ years ago.
- I have been convicted of a felony. _____ years ago.
- I am currently on probation or parole, and have _____ years/months remaining.
- I have a deferred sentence on a convicted charge.

Household Status

- I am behind on my rent payments.
- I have past-due utility bills.
- My utilities are in danger of being shut-off.
- My family runs out of food during the month.
- I need clothes to attend school or work.

What services /benefits do you currently use?

- | | |
|---|---|
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Medicaid | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> TANF | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Food Pantry/Soup Kitchen |
| <input type="checkbox"/> Child Welfare Services/DFS | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Job Services | |

Transportation

- | | |
|--|---|
| <input type="checkbox"/> I have a running vehicle. | <input type="checkbox"/> I get rides from friends |
| <input type="checkbox"/> I use public transportation | <input type="checkbox"/> I have car insurance |
| <input type="checkbox"/> I have a valid License. | |

Has transportation prevented you from attending training/school or from maintaining employment?

_____yes _____no

Child Care

- I need day care for my child or children in order to work.
- My children have special needs
- I need after-school care for my children
- I need help accessing items for my child or children such as car seats, safe sleeping areas, etc.
- I need help communicating with my children's school.

Health and Safety

- I'm interested in getting substance abuse treatment or preventative care.
- Someone in my home needs substance use intervention or preventative care.
- I feel unsafe in my home due to another individual threatening or hurting me.
- I'm concerned about my children's safety in our home due to another individual threatening or hurting them.

Does everyone in your household have medical coverage? _____yes _____ no

Do you have a primary care physician that you can go to for colds, flu, etc.? _____yes _____no

Do you need assistance accessing dental care? _____yes _____no

Do you have any immediate concerns we need to discuss today? _____ yes _____ no

Support System

What do you do when you need help?

- I have close friends and family to turn to for support.
- I would like to have a support group.
- I solve all of my problems on my own.
- I use community resources for assistance.

Financial situation

- I have a checking account.
- I have a savings account.
- I've been turned down for a savings or checking account.
- I have a written budget.
- I overspend.
- I owe a lot of money.
- I use credit cards.
- I have payday loans.
- I have a poor credit rating.
- I have a bankruptcy or judgement.

How much monthly income do you think you need to be self-sufficient? _____

Communication Skills

The primary language spoken in my home is:

- English
- Spanish
- Other: _____
- I would like to take classes in English as a Second Language.
- I would like to improve my reading skills.
- I would like to improve my verbal communication skills.
- I would like to improve my writing skills.

Interests and Community Involvement

- I'm involved in my children's' schools.
- I'm involved in my church.
- I like to do arts and crafts.
- I attend sporting events.
- I'm a music fan.
- I do volunteer work.
- I'm involved with a support group.
- I'm involved with my children's friends and family.
- I like to travel.
- I read a lot.
- I play video games.
- I love movies.
- I'm involved with my neighbors.
- I am a community leader.
- I am interested in being part of a Program Coordinating Committee to have input on the Family Self-Sufficiency Program's overall goals and direction.
- Other: _____

Goal Setting

What do you like about yourself? What are your strengths?

What would you like to change about yourself?

On a scale of 1 to 10, with 1 being not motivated at all and 10 being that you are ready to get started today, how motivated are you to make changes in your life to achieve your goals?

1 2 3 4 5 6 7 8 9 10

Not at all motivated -----Somewhat motivated-----Ready to get started NOW!

YOUR Goals:

Education: _____

Career: _____

Financial: _____

Family/Children: _____

Personal: _____

Are you willing to have regular (every 3 to 6 months) contact by phone, email or office visit with your FSS Coordinator? _____yes _____no

Please put an "X" next to your top three priorities within the next year.

- | | |
|--|--|
| <input type="checkbox"/> Substance Abuse Counseling | <input type="checkbox"/> Child Care/ Parenting Education |
| <input type="checkbox"/> Credit Counseling/ Credit Repair | <input type="checkbox"/> Stress Management |
| <input type="checkbox"/> Job Training/Placement | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Home Management Skills | <input type="checkbox"/> Financial Education |
| <input type="checkbox"/> Reading Skill Improvement | <input type="checkbox"/> Obtaining Health Care/Insurance |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Home Ownership Counseling |
| <input type="checkbox"/> Education/ GED Preparation | <input type="checkbox"/> Resume/Interview training |
| <input type="checkbox"/> English as a 2 nd Language | <input type="checkbox"/> Other: _____ |

Signature: _____ **Date:** _____

Print Name: _____