



FSS Pre-Enrollment Form

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Family Member	Type of Job	Rate of Pay (indicate per hour/week)	

4. Please check any items below that you consider a current need.

(Please check all that apply).

- \_\_\_ Need a better job
- \_\_\_ Need better transportation
- \_\_\_ Need someone to take care of children
- \_\_\_ Need to see a doctor for health problems
- \_\_\_ Need more Money to pay bills each month
- \_\_\_ Want to finish School
- \_\_\_ Need help being a better parent
- \_\_\_ Need food assistance
- \_\_\_ Counseling
- \_\_\_ Job training
- \_\_\_ Need help managing money

Please list other needs for services or goals you or your family have:

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5. Please mark with a **(R)** any agencies you are receiving services from, a **(V)** for any visited, and a **(Rvd)** for any you have received services from in the last six months.

— Health Department, doctor or clinic

— Cash Assistance

— Job Training Program

— Food Stamps

— Mental Health Center

— Medical Insurance (\_\_\_AHCCCS \_\_\_Private)

— Food Bank

— Alcohol or drug program

— Head Start for children

— Children’s services program

— Community College

— Vocational/Tech School

— Shelters

— None of the above

— Comm. Action Agency or Comm. Service

— Other (please list below)

6. Do you speak English?

Yes

No

If no, what language(s) do you speak? \_\_\_\_\_

7. Do other family members speak English?

Yes

No

If no, What language(s) do they speak? \_\_\_\_\_

8. What is your highest level of education? # of years completed \_\_\_\_\_

Circle one - Middle School High School Bachelor’s Doctorate Some College

9. Do you have a high school diploma or GED?

Yes

No

10. If you were to get a job or change your job, would you need help finding someone to watch your children? Yes  No

11. Are **you** currently receiving Case Management Services from any agency?

Yes

No

If yes, what agency? \_\_\_\_\_

12. Are you now working with an individual or a case manager who is helping **your family** find the services? Yes  No

If yes, please list person’s name: \_\_\_\_\_

Agency’s name? \_\_\_\_\_

13. What are the two or three major problems that **YOU** are facing now?

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14. What are the two or three major problems currently faced by **YOUR FAMILY**?

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SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_