



Family Self-Sufficiency Program Pre-Enrollment Form

Name: _____ Date: _____
 Mailing Address: _____
 City: _____ State: _____
 Date of birth: _____ Social Security Number: _____
 Phone Number: _____ Email: _____
 Have you ever been enrolled in FSS? Y N
 If so, When: _____ Where: _____

1. Please list all family members who live in your household including yourself. Give the relationship of each member to the head of household.

Family Member	Relationship to Head of Household	Age	Sex	Ethnicity

2. Are you or anyone else in the household currently employed? Y N

Family Member	Type of Job	Rate of Pay	Hours Per Week

3. List ALL current sources of monthly income

Earned income (Employment)	\$ _____
TANF (Welfare)	\$ _____
Food stamps/SNAP	\$ _____
Child support/Alimony	\$ _____
Disability/ Workers Compensation	\$ _____
Social Security	\$ _____
Unemployment	\$ _____

4. List All current monthly expenses

Rent	\$ _____	Car payments	\$ _____
Utilities	\$ _____	Car Insurance	\$ _____
Phone	\$ _____	Credit/Debt payments	\$ _____

5. Please mark **(R)** on any services you are currently receiving, **(V)** for any you have visited and **(RVD)** for any you have previously received in the last 6 months

<input type="checkbox"/> Health department, doctor, or clinic	<input type="checkbox"/> Cash assistance
<input type="checkbox"/> Job training program	<input type="checkbox"/> Food stamps
<input type="checkbox"/> Mental health center	<input type="checkbox"/> Medical insurance
<input type="checkbox"/> Food bank	<input type="checkbox"/> Alcohol or drug program
<input type="checkbox"/> Head Start for children	<input type="checkbox"/> Children's services program
<input type="checkbox"/> Community college	<input type="checkbox"/> Vocational/tech school
<input type="checkbox"/> Other (list below)	<input type="checkbox"/> None of the above

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

<input type="checkbox"/> Need a better job	<input type="checkbox"/> Need better transportation
<input type="checkbox"/> Need childcare	<input type="checkbox"/> Need help with medical problems
<input type="checkbox"/> Want to finish school	<input type="checkbox"/> Need help with parenting
<input type="checkbox"/> Need food assistance	<input type="checkbox"/> Need counseling
<input type="checkbox"/> Job training	<input type="checkbox"/> Need help managing money

7. Educational History

How many years of education have you completed? _____ years

Did you receive a: Diploma GED None

Have you completed vocational training? Yes No

If yes, What kind of training/certificate and where? _____

Have you attended any college or university? Yes No

If yes, what is the name and location of the college? _____

What was your major? _____

Did you receive a degree or certificate? Degree Certificate

Name of degree/certificate _____

Are you currently attending school? Yes No

Name and location of school? _____

What is your major? _____

When are you expected to graduate? _____

8. Goals

I am currently interested in: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Enrolling in school | <input type="checkbox"/> Education/GED/High School Diploma |
| <input type="checkbox"/> Job placement/job search | <input type="checkbox"/> Budget/Credit Repair/Counseling |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Improve computer skills |
| <input type="checkbox"/> Career counseling | <input type="checkbox"/> Purchasing own home |
| <input type="checkbox"/> Resume development | <input type="checkbox"/> Other: _____ |

Do you own a computer? Yes No

Do you have access to the internet? Yes No

What are 2-3 major problems YOUR FAMILY is currently facing?

What are 2-3 major problems YOU are currently facing?

PLAN YOUR FUTURE STEP BY STEP

All goals must be quantifiable, measurable, and completed within 5 years.

List 5 things you would like to accomplish or complete while in the FSS program

1. _____
2. _____
3. _____
4. _____
5. _____

I will submit verification of goal achievement to the Family Self-Sufficiency Coordinator within two (2) weeks of accomplishment (i.e. copy of GED, diploma, certificate, etc.)

FSS Participant Signature _____ Date _____

FSS Coordinator Signature _____ Date _____