

APPLICATION FOR FSS PROGRAM

The Family Self-Sufficiency Program is a five-year employment focused program. See the FSS Information Sheet for more information. If you are interested in enrolling in FSS, the **voucher Head of Household must complete and return this application.**

Name: _____ Date of application: _____

Email address: _____

Best phone number: _____ Best day/time to call: _____

Employment

1. Are you able and willing to work? ☐ Yes ☐ No ☐ Don't know

If you are concerned about your ability to work due to a health issue or disability, please contact your medical provider to discuss whether working is advisable. When you know that you are able to work at least part-time then you may enroll in GOAL.

2. Are you currently employed? ☐ Full-time ☐ Part-time ☐ Not working

Employer's Name: _____

Position: _____

When did you start working there? _____

Are you eligible for benefits through you're the company even if you have to pay?

☐ Health Insurance ☐ Retirement benefits ☐ Other: _____

3. How committed you are to working to improve your employment situation?

4. What challenges get in the way of your being employed or better employed?

- ☐ Transportation
☐ Health
☐ Childcare
☐ Alcohol or drug use
☐ Need additional education
☐ Other, please list: _____

Education

1. How many years of school have you completed?
2. Do you have a High school diploma? ☐ Yes ☐ No
3. Do you have a GED or Hi-Set certificate? ☐ Yes ☐ No
4. Are you currently enrolled in a certificate training program? ☐ Yes ☐ No

If yes, where? _____

What is your course of study? _____

When do you plan to finish/graduate? _____

5. Are you currently enrolled in a job training program? ☐ Yes ☐ No

If yes, where? _____

What is your course of study? _____

When do you plan to finish/graduate? _____

6. Are you currently enrolled in college? ☐ Yes ☐ No

If yes, where? _____

What is your course of study? _____

When do you plan to finish/graduate? _____

Money Management

1. Do you have a checking and/or a savings account? ☐ Yes ☐ No
2. Do you have direct deposit of your paychecks or benefit checks? ☐ Yes ☐ No
3. Do you have a household budget? ☐ Yes ☐ No
4. Do you save regularly? ☐ Yes ☐ No

Online Access

1. Do you have access to a computer? ☐ Home ☐ Work ☐ Other: _____
2. Do you have access to the internet? ☐ Home ☐ Work ☐ Other: _____

3. Do you have a smart phone? ☐ iPhone ☐ Android
4. Do you have a tablet? ☐ iPad ☐ Android

General – Check if anyone in your household receives the following?

- ☐ TANF cash assistance
- ☐ Medicaid and/or Healthy Kids
- ☐ Food Stamps
- ☐ Earned Income Tax Credit
- ☐ Other General Assistance

Number of children under 12 in the household receiving childcare services?

English Language

1. How well do you speak English?
2. How well do you understand English?
3. How well do you read English?
4. Have you taken an English class? ☐ Yes ☐ No ☐ Currently taking

Please return this application in the enclosed envelope. Once your application has been reviewed and approved you will receive a contract of participation to sign and return. We will contact you to go over the contract and get you started on the FSS program.

Questions? Please contact (Name of RAM) at 603-310- (number).

Thank you for your interest in the FSS Program!