

Chelsea Housing Authority FSS Application and Assessment

Date _____

A. DEMOGRAPHIC INFORMATION

1. Name: _____

2. Address: _____
Street
City
Zip Code

3. Home Phone #: _____ Cell Phone #: _____

Work Phone #: _____ Email: _____

4. How did you hear about Family Self Sufficiency Program?

5. Marital Status: ___ Married ___ Separated ___ Widowed
 ___ Single ___ Divorced

6. Social Security #: _____

7. Date of Birth: _____ Age: _____

8. Racial/Ethic Background:
 ___ White ___ Alaskan
 ___ Black ___ American Indian
 ___ Hispanic ___ Other

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

| Name of Family Member | Relationship | Date of Birth | Sex |
|-----------------------|--------------|---------------|-----|
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| | | | |
| | | | |

10. Name any family members who are 18 years or older:

B. EDUCATION

11. What is the highest level of education that you have completed?

Please circle: 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6

I have a certificate in _____

I have my Associate's Degree in _____

I have my Bachelor's Degree in _____

I have my Master's Degree in _____

12. Presently Enrolled In:

| Enrolled – Y/N | Type of Program | School/Agency | Hours Per Week |
|----------------|-------------------|---------------|----------------|
| | ESL/ABE | | |
| | HS/GED | | |
| | College Courses | | |
| | Vocational School | | |
| | Other Training | | |

C. EMPLOYMENT/WAGE HISTORY

13. Are you currently employed? YES___ NO___

14. Current job/occupation: _____ Employer: _____

Salary or Wages: _____ per week/hour Hours per week: _____

Date Employed (very important): _____

Benefits in current job: ___ Health ___ Retirement ___ Other

List previous 3 jobs (if you have never been employed, write "N/A")

- A. Job/Occupation: _____ Employer: _____
How long employed: _____ Reason for leaving: _____
Salary or Wages: _____ per week/hour Hours worked per week: _____
- B. Job/Occupation: _____ Employer: _____
How long employed: _____ Reason for leaving: _____
Salary or Wages: _____ per week/hour Hours worked per week: _____
- C. Job/Occupation: _____ Employer: _____
How long employed: _____ Reason for leaving: _____
Salary or Wages: _____ per week/hour Hours worked per week: _____

D. HOUSING

15. How much do you pay monthly for rent? \$ _____
16. Are your utility charges included in your rent? ___ YES ___ NO
Monthly utility expenses: Electricity: \$ _____ Water: \$ _____
Natural Gas: \$ _____ Other: \$ _____

E. INCOME

17. Household Income

| Family members | Wages or Salary | S.S. Pension | Welfare | Other/ Unemployment |
|-----------------------|------------------------|---------------------|----------------|----------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

18. Do you receive Welfare? ___ NO ___ YES, Amount: \$ _____

- Check all that apply: ___ Food Stamps ___ General Assistance
___ TANF ___ Other

F. CHILD CARE

19. Do you pay childcare expenses? ___ YES ___ NO, go to item 23

| Child's name | Age | Child care name | Hrs/Week | Cost/Week |
|--------------|-----|-----------------|----------|-----------|
| | | | | |
| | | | | |
| | | | | |
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| | | | | |
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20. List the names of children for whom you would need childcare services if you took training courses or get a job:

G. SUPPORT SERVICE NEEDS

21. What occupation(s) are you interested in pursuing?

22. What steps are you willing to take to get that job?

23. Do you have a Driver's License? YES___ NO___

24. Do you have your own vehicle? YES___ NO___

25. Do you have access to a vehicle? YES___ NO___

26. Do you rely on public transportation? YES___ NO___

27. Are there any reasons that would prevent you from starting training or work right now? YES___ NO___

If yes, please explain: _____

28. Do you have a disability that hinders your ability to work or go to school?

YES___ NO___

If yes, please explain: _____

29. Do you have a support system of family members or friends you can turn to when you are in need?

30. What sports or hobbies interest you?

31. Would you describe yourself as an active or passive individual?

32. How much debt do you have now including all loans, credit cards, stores, or any other sources of debt?

33. What present credit cards do you have?

34. What present bank accounts do you have?

35. Are you able to put any money into savings? YES___ NO___

36. If you are selected to participate in this program, what support services would you need? Select at least 5 of the list services.

- | | |
|--|---|
| <input type="checkbox"/> Help with Family Problems | <input type="checkbox"/> Referrals for Education or GED |
| <input type="checkbox"/> Parent Education | <input type="checkbox"/> Referrals for Job Training |
| <input type="checkbox"/> Home Ownership Information | <input type="checkbox"/> Alcohol Education |
| <input type="checkbox"/> Child Development Education | <input type="checkbox"/> Child Care Referrals |
| <input type="checkbox"/> Drug Abuse Counseling | <input type="checkbox"/> Career Counseling |
| <input type="checkbox"/> Drug Education | <input type="checkbox"/> Behavior Management |
| <input type="checkbox"/> Suicide Prevention | <input type="checkbox"/> Nutrition Education |
| <input type="checkbox"/> Marriage Counseling | <input type="checkbox"/> Financial Coaching |
| <input type="checkbox"/> Budgeting Counseling | <input type="checkbox"/> Reading Skills |
| <input type="checkbox"/> Financial Aid Assistance | <input type="checkbox"/> Resume Workshops |
| <input type="checkbox"/> Debt Counseling | <input type="checkbox"/> Time Management |
| <input type="checkbox"/> Job Search | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Legal Help | <input type="checkbox"/> Help with Health Problems |
| <input type="checkbox"/> Get Off Welfare | <input type="checkbox"/> English Classes |
| <input type="checkbox"/> Other: _____ | |

From all the things that you need help with, which ones are the biggest problems that you are facing now?
