



## Housing Authority of the City of Perth Amboy Family Self-Sufficiency Application

Participant's Name \_\_\_\_\_

Social Security Number \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip Code \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Alternate Number  Cell  Work

E-mail \_\_\_\_\_

Best days/times to call \_\_\_\_\_

How did you hear about the FSS program?

Newsletter

Friend/Family

Other \_\_\_\_\_

Family Members					
Name	Age	Sex	Relationship to head	In School	Employed

Basic Needs/Resources		Comments
Are you currently working with other community programs or agencies?	Yes No	
Do you have immediate needs?		
✓ Food.....	Yes	
✓ Heating/Utilities.....	No	
✓ Transportation.....	Yes	
✓ Medical/Dental.....	No	
✓ Childcare.....	Yes	
✓ Other.....	No	
	Yes	
	No	
	Yes	
	No	
	Yes	
	No	

Please check any benefit that you or a member of your household is receiving?	
<input type="checkbox"/> TANF	<input type="checkbox"/> Workers Comp
<input type="checkbox"/> Medicaid	<input type="checkbox"/> Unemployment Insurance
<input type="checkbox"/> General Assistance	<input type="checkbox"/> Child Support
<input type="checkbox"/> Food Stamps	<input type="checkbox"/> Social Security

Education				
Highest education level completed:	HS/GED	College	Training	Other _____
Are you currently enrolled in:	HS/GED	College	Training	None
Please indicate school, if attending:				
Program of study:				

Career Assessment	Comments	
Have you ever completed a career assessment?	Yes	No
If yes, what are your career choices?		
Do you own a working computer?	Yes	No
Do you have access to the internet?	Yes	No
What skills do you feel you need in order to become employed/promoted?		
Please indicate any trainings/workshops you would be interested in attending?		
<b>Check all that apply.</b>		
<input type="checkbox"/> I use a search engine like Yahoo or Google		
<input type="checkbox"/> I check and send email		
<input type="checkbox"/> I have taken a course online		
<input type="checkbox"/> I write letters or other documents using my computer		
<input type="checkbox"/> I have paid a bill or checked my bank account online		

Employment	Comments	
Are you employed:	Full Time	Part time
Current Employer:	Self-employed	Not Employed
Start date with current employer:		
Does a family member have a special need that interferes with your ability to work?	Yes	No
If you are not employed are you able to work now?	Yes	No
If no, when do you expect you would be able to work?		
If you are working, what kind of job do you have?		
What benefits does current employer provide?	Health	Retirement
	Other _____	
Are you looking for a different job?	Yes	No
Do you hold any certifications in a specialized field? (i.e. CNA, CHHA, CDL, LPN, etc.)		

Is there room for advancement in current job?	Yes	No
Do you need assistance with job search, job placement or resume?	Yes	No
Do you have a criminal history that has affected your employment?	Yes	No
Do you have a current resume?	Yes	No

Financial/Credit		Comments
Do you have a checking account?	Yes No	
Do you have a savings account?	Yes No	
Have you ever completed a budget?	Yes No	
Do you have any credit cards?	Yes No	How Many?
Have you requested your credit report?	Yes No	Date:
Do you know your current credit score?	Yes No	Score:
Have you ever received services from a credit counseling agency?	Yes No	
Is Home ownership one of your goals?	Yes No	
Have you ever filed for bankruptcy?	Yes No	Date:
Would you be interested in attending any of the following classes?	Yes No	<input type="checkbox"/> Money Management <input type="checkbox"/> Understanding Credit

Support System	Comments
Do you have at least one person who believes in you?	Yes No
Who do you go to when you are having problems?	
What type of assistance do they provide? (Emotional, financial, emergency daycare)	
Do you have relatives, close friends, or neighbors that help you?	Yes No
Do you belong to any groups, clubs, and/ or church?	Yes No
Do your children participate in school activities, clubs or programs?	Yes No
Would you be interested in joining a support group?	Yes No
Would you be interested in attending any of the following classes/workshops?	Parenting skills      Depression Anger Management      Alcohol/Drug Family Counseling      Stress Mngmt. Other

Transportation	
Do you have a valid driver's license?	Yes No
Do you have a working vehicle?	Yes No
Do you have auto insurance?	Yes No
Do you currently have the funds to purchase a vehicle?	Yes No
Do you feel you have reliable & affordable transportation available when you need it?	Yes No
Do you know how to access public transportation?	Yes No



## **AREAS OF NEED**

*(Check all that apply)*

### **( ) Transportation**

- ( ) Driver's License:        \_\_\_\_\_ Obtain        \_\_\_\_\_ Reinstatement  
( ) Auto Insurance  
( ) Reliable transportation    \_\_\_\_\_ Public        \_\_\_\_\_ Purchase own vehicle

### **( ) Support Systems**

- ( ) Counseling: \_\_\_\_\_  
( ) Reliable Childcare  
( ) Mentor  
( ) Motivational techniques  
( ) Legal issues  
( ) Affordable health care  
( ) Nutrition counseling

### **( ) Education**

- ( ) GED/HS Diploma  
( ) ESL  
( ) Literacy  
( ) Vocational/Skilled training  
( ) College  
( ) Other: \_\_\_\_\_

### **( ) Career**

- ( ) Interest/Skills assessment  
( ) Resume/Cover letter  
( ) Interview techniques  
( ) Job readiness  
( ) Volunteer/Job Shadowing  
( ) Employment search  
( ) Starting or owning a business

### **( ) Financial**

- ( ) Obtaining Credit reports/scores  
( ) Budgeting and money management skills  
( ) Credit counseling  
( ) Debt consolidation  
( ) Home ownership counseling/readiness

**INDIVIDUAL TRAINING AND SERVICES PLAN (ITSP)**

***FINAL GOAL: To become self-sufficient upon completion of established goals***

***INTERIM GOALS:***

- 1. Seek and maintain suitable full time employment
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

Would any other member in your household over the age of 18 and on the lease be interested in participating in the FSS program?     Yes                       No

If yes, Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

***INTERIM GOALS:***

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_
- 3. \_\_\_\_\_
- 4. \_\_\_\_\_

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I hereby certify that the information given in this application is true and correct to the best of my knowledge.

I also certify that the FSS program has been explained to me, and I have received a copy of *The Certification of Understanding of the FSS Program*.

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*Head of Household Signature* \_\_\_\_\_ *Date* \_\_\_\_\_