



436 West Washington Street • Chambersburg, PA 17201-2458
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Family Self-Sufficiency Program - Pre-Enrollment Form/Needs Assessment

Print Name (clearly) _____

Address _____

Home Phone _____ Cell Phone _____

e-Mail _____

Supportive Services

1. Do you or any members of your household require any accommodations due to a disability?

Yes No

If yes, explain:

2. Check the following if you are currently receiving benefits from:

- Cash Assistance
- TANF
- Food Stamps
- Medical Assistance
- Help with Child Care
- Unemployment

3. Who is your current caseworker at the Assistance Office?

4. Check the following services that you have access within the past six (6) months:

- | | |
|---|---|
| <input type="checkbox"/> Drug & Alcohol Program | <input type="checkbox"/> Community Action Agency or Community Service |
| <input type="checkbox"/> Community College | <input type="checkbox"/> Children Service Program |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Free Meal Program |
| <input type="checkbox"/> Head Start for Child or Children | <input type="checkbox"/> Health Department/Doctor/Clinic |
| <input type="checkbox"/> Job Training Program | <input type="checkbox"/> Mental Health Services |
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Vocational/Technical School |
| <input type="checkbox"/> None of the Above | |
| <input type="checkbox"/> Other Services _____ | |

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5. Check which services you would like to access as a participant of the FSS program:

- Budgeting/Financial Counseling
- Child Care
- Education/GED Assistance
- Job Search
- Math Skills
- Nutrition
- Transportation Assistance
- Career Counseling
- Drug & Alcohol Counseling
- Job Placement
- Job Training
- Medical Care Assistance
- Reading Skills
- Other _____

Employment

1. Are any household members Employed?

- Yes
- No

If yes, please complete the following:

Name	Employer	Position	Hours/week	Hourly rate

2. How long have you been employed or unemployed?

3. Do you have a current resume and/or would you like help writing one?

4. Do you have any other concerns related to employment that you would like to address?

Finances

1. What are your monthly sources of income?

2. Are you able to pay for basic necessities every month without accumulating debt?

- Yes
- No

3. Do you have a checking or savings account?

- Yes
- No

4. Do you have an ATM/MAC card?

- Yes
- No

5. Do you have any credit cards?

- Yes
- No

6. What amounts do you owe on current credit card debt?
7. List any other debts and amounts owed (i.e. loans, car payments, medical debt):

Education

1. What level of education have you completed?
2. Are you currently in school?
 Yes No
If yes, where, what are you studying and when do you graduate?
3. Would you like to go back to school?
 Yes No
If yes, what are you interested in studying?

Child and Health Care

1. Do you currently have any young children?
 Yes No
If yes, please give their first name and ages. If no, skip to number 4.
2. Do you currently have a child care provider?
 Yes No
If yes, who and how much do you pay?
3. Do you currently receive assistance with your child care expenses?
 Yes No
If yes, from what agency?
4. Does everyone in your household currently have health insurance or coverage?
 Yes No
If yes, from where?

If no, who is in need and their age?
5. Does any member of your household currently have any dental insurance or coverage?
 Yes No

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If yes, from where?

6. Does any member of your household currently have any vision insurance or coverage?

Yes No

If yes, from where?

7. Are there any drug or alcohol problems or history of addiction in the household?

Yes No

If yes, explain:

8. Are there any issues with domestic violence in your household?

Yes No

If yes, explain:

Parenting

1. How often do your children live with you?

2. Are there any concerns you have about your children's behavior, education, diet, discipline, friends, medical needs or any other thing?

3. Have you or any service provider addressed these concerns with your child?

Yes No

If yes, explain:

4. Would you like you or your children to receive services from any of the following?

Children and Youth Counseling

CCIS Head Start

Other _____ -

Housing

1. Have you ever owned a home before?

Yes No

2. Are you interested in home ownership?

Yes No

3. Do you have basic furnishings for your home? (i.e. beds, chairs, sofa)

Yes No

If no, what are your needs?

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4. How would you rate your housekeeping skills?
 Poor Fair Good Excellent

Transportation

1. Do you own a car?
 Yes No
2. Are your insurance, registration and inspection up to date?
 Yes No
3. Give the year, make and model of your car.
4. Have you had any major repairs (other than normal maintenance/accident repairs) costing over \$500 in the last six(6) months? Explain.

You

1. Who are the people that you talk to when you are going through bad times?
2. What are your interests or hobbies?
3. How much time do you have to do the thing you enjoy doing?
4. Please use this section to add any information about yourself, household, or situation that you would like to share, but may not have been addressed in the questions above:

5. List five(5) goals that you would like to accomplish through the FSS program that would assist you in becoming self-sufficient:
- 1.
 - 2.
 - 3.
 - 4.
 - 5.

Certification of Information for FSS Pre-Enrollment

Print Name (clearly) _____

I hereby certify and affirm, under penalties of perjury, that the statements I have made on the FSS Pre-Enrollment Form/Needs Assessment are true and correct. I understand that the Franklin County Housing Authority will verify the statements I have made, and I have no objections to inquiries being made.

Applicant Signature

Date

WARNING: Title 18, Section 1001 of the United States Code state that a person is guilty of a felony for knowingly and willingly making false or fraudulent statements to any Department or Agency of the United States.

Applicant Signature

Date

I am consenting to an income update and review/change of my Housing Choice Voucher assistance. While I am aware that my income may not have changed or may have increased I am giving consent for this interim change so that I may join the Family Self-sufficiency program before my next re-certification appointment. I am consenting to this interim review because I understand that the Family Self-Sufficiency regulations require that upon joining the program my income information cannot be any older than 120 days.

Applicant Signature

Date

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