

FAMILY SELF-SUFFICIENCY PROGRAM

PRE-ENROLLMENT FORM

1. Please list all family members who will be living in your household unit, including the head of household.

Name	Relationship to Head of Household	Age	Sex	Ethnicity*

**Ethnic groups include: White, African-American, Hispanic, American Indian, Alaskan, Native, and Asian/ Pacific*

2. Are you (head of household) employed? Yes No

If yes, please answer the following questions:

1. When did you start? Date job started: _____
2. Are you full time or part time? Full- Time Part- Time
3. How many hours a week do you work? _____
4. What is your job title? _____
5. What is your place of employment? _____
6. What is your rate of pay? _____

3. If you are unemployed, what type of assistance do you receive?

- | | |
|--|---------------------------------------|
| <input type="checkbox"/> Child Support | <input type="checkbox"/> Food Stamps |
| <input type="checkbox"/> General Relief | <input type="checkbox"/> SSI |
| <input type="checkbox"/> TAFDC | <input type="checkbox"/> Unemployment |
| <input type="checkbox"/> Other (please specify): _____ | |

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4. Please check the different agencies you have visited or received services from within the last six months:

- | | |
|--|---|
| <input type="checkbox"/> Health Department, doctor,
or clinic | <input type="checkbox"/> Community Action or
Community Service |
| <input type="checkbox"/> Youth tutor | <input type="checkbox"/> Job Training Program |
| <input type="checkbox"/> Welfare Department | <input type="checkbox"/> Mental Health Center |
| <input type="checkbox"/> Alcohol/ Drug Program | <input type="checkbox"/> Food Pantry |
| <input type="checkbox"/> Free Meals | <input type="checkbox"/> Head Start |
| <input type="checkbox"/> Children's Service Program | <input type="checkbox"/> Early Intervention |
| <input type="checkbox"/> Community College School | <input type="checkbox"/> Vocational/ Tech School |
| <input type="checkbox"/> North Shore Career Center | <input type="checkbox"/> Workforce Investment Board |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other, please specify: _____ | |
- _____
- _____

5. Do you speak English? Yes No
What is your preferred language? _____
What other language(s) do you
speak? _____

6. Do other family members speak English? Yes No
If yes, which members? _____

If no, what language(s) do they speak? _____

7. Do you have a high school diploma? Yes No
7a. If no do you have a GED Yes No

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8. Did you attend college? ___ Yes ___ No

8a. If yes how many years did you attend? _____ year(s)

8b. Did you obtain a degree? _____ Type of Degree _____

9. Did you attend Vocational/Technical or Certification Program ? ___ Yes ___ No

9a. If yes how many years did you attend? _____ year(s)

9b. Did you obtain a certification or degree? _____ Type of Degree _____

10. Do you work with one person or a case manager who helps you and your family find the services that you need? ___ Yes ___ No

If yes, please list the person's name: _____

Please list the agency he/she works for: _____

11. Are you currently receiving Case management Services? ___ Yes ___ No

If yes, list the name of the agency: _____

12. What are your long-term goals over the next five years?

13. How do you plan to reach your long term goals?

14. What are the obstacles that make it difficult to reach your goals?

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15. What are your strengths that help you make progress towards your goals?

16. Please check which of the follow five goals you are interested in achieving:

- I. Homeownership _____
- II. Obtain employment _____
- III. Maintain full time employment _____
- IV. Increase earned income by at least 25% _____
- V. Financial Self- Sufficiency (elimination of TAFDC) _____
- VI. Transition to non-subsidized housing _____
- VII. Reduction or elimination of Social Security Disability _____

17. Which of the following interim goals are you interested in achieving:

- _____ Job Training
- _____ Employment- obtaining, job retention,
- _____ Parent/Household Skills/Life Skills Training
- _____ Education- participation in high school or GED program
- _____ Certificate Program from business or technical school
- _____ Budget/ Credit counseling/Financial Literacy
- _____ ESL Education
- _____ College Degree
- _____ Career Counseling
- _____ Homeownership Counseling

18. Please check if your child(ren) is involved with any of the following programs:

- _____ Daycare
- _____ Youth Tutor
- _____ Early Education Program
- _____ Afterschool Program

19. Do you have a child in high school? If so, when do they graduate? _____

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Any additional comments or information you would like to share:

Please answer all of the questions before you submit this form to the Family Self-Sufficiency Program. Your name will be placed on a waiting list; when your name comes up you will be contacted for an assessment interview.

Signature: _____ Date: _____

Address: _____ Phone #: _____

Email address: _____