

FAMILY SELF SUFFICIENCY APPLICATION

Head of Household:		Application date:
Date of Birth:	SSN:	Phone:
Current Address:		
City:	State:	Zip:
Mailing Address (if different):		
City:	State:	Zip:
Contact Person- someone that could get in touch with you should an appointment need to be cancelled? Name: _____ Phone: _____		

EDUCATION

Highest Grade Completed: (check one) <input type="radio"/> Eighth (8 th) grade or less <input type="radio"/> High School (no diploma) <input type="radio"/> High School (diploma) <input type="radio"/> GED <input type="radio"/> College (no degree) <input type="radio"/> College (degree) <input type="radio"/> Other _____	Presently Enrolled In: (check one) <input type="radio"/> High School <input type="radio"/> GED Program <input type="radio"/> College Courses <input type="radio"/> Vocational Training <input type="radio"/> Apprenticeship Program
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Have you ever been enrolled in a training or vocational course: (circle one) Yes No

List Course and Sponsoring Agency	Source of Funds	Number of Weeks in Course	Weeks/Months/Years Attended (Specify)

Are you a Veteran with 180 days of active service? Circle one: Yes No
 If yes, Date Service Began: _____ Date Service Ended: _____

Type of Discharge: _____

Did you receive a military service disability? Circle one: Yes No

Have you ever been convicted of a crime or been involved in any stage of the criminal justice system?
 If yes, please describe: _____

Are you currently receiving or have you received treatment/counseling for alcohol or substance abuse?
 If yes, please describe _____

Are you or any family members receiving Supplemental Security Income (SSI)?

WORK HISTORY	
Employer Name:	
Employer Address: _____	
City: _____	State: _____ Zip: _____
What was your job title:	
What was the hourly rate?	
When did you start?	
When did you leave?	
Why did you leave this job?	
Did you get a letter of reference?	
Employer Name:	
Employer Address: _____	
City: _____	State: _____ Zip: _____
What was your job title:	
What was the hourly rate?	
When did you start?	
When did you leave?	
Why did you leave?	
Did you get a letter of reference?	
Employer Name:	
Employer Address: _____	
City: _____	State: _____ Zip: _____
What was your job title:	
What was the hourly rate?	
When did you start?	
When did you leave?	
Why did you leave?	
Did you get a letter of reference?	

Please Indicate What You Feel You Would Like To Do With the Family Self Sufficiency Program.
Please put a check next to each one

<input type="checkbox"/>	Need a better job	<input type="checkbox"/>	Need food assistance
<input type="checkbox"/>	Need Child Care	<input type="checkbox"/>	Job Training
<input type="checkbox"/>	Need more money	<input type="checkbox"/>	Need better transportation
<input type="checkbox"/>	Want to finish school	<input type="checkbox"/>	Need medical help
<input type="checkbox"/>	Need help being a better parent	<input type="checkbox"/>	Counseling
<input type="checkbox"/>	Need help managing money	<input type="checkbox"/>	Other:

Printed Name: _____	
Signature: _____	Date: _____