FAMILY SELF-SUFFICIENCY PROGRAM

PRE-ENROLLMENT FORM

Date______________________

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

Family Member	Name of Family Member	Relationship to Head of Household	Age	Sex	Ethnic*
Head of Household		Self			

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

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

   If yes, list your job and rate of pay: ______________________

   JOB: ______________________

   RATE OF PAY: $ ________ Per ☐ Hr ☐ Wk

   If unemployed, what type of income do you receive? ______________________

   ____

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3. Are any other family members employed? Yes ☐ No ☐

If yes, please fill out the following information:

Family Member	Job	Rate of Pay (Indicate per hour/week)	
		$	per ______
		$	per ______
		$	per ______
		$	per ______

4. Please check any items below that you consider a current need. *(Please check all that apply)*

__ Need a better job

__ Need someone to take care of children (child care)

__ Need more money to pay bills each month

__ Want to finish school

__ Need food assistance

__ Job training

__ Need better transportation

__ Need to see a doctor for health problems

__ Need help being a better parent

__ Counseling

__ Need help managing money

Please list other needs for services, or goals you or your family have:

____

____

____

____

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5. Please check the different agencies you have visited or received services from in the last six months.

____ Health Department, doctor or clinic	____ Community action Agency or Community Services
____ Job training program	____ Welfare Department
____ Mental health center	____ Alcohol or drug program
____ Food pantry	____ Free meals program
____ Head Start for child(ren)	____ Children's services program
____ Community college	____ Vocational/Tech school
____ Shelters	____ None of the above
____ Other (please list below)	

____

____

6. Do you speak English? Yes ☐ No ☐
   If no, what language(s) do you speak? ______________

7. Do other family members speak English? Yes ☐ No ☐
   If no, what language(s) do they speak? ______________

8. Do you have a high school diploma or GED? ______________

9. If you were to get a job or change your job, would you need help finding someone to watch your children (child care)? Yes ☐ No ☐

10. Do you now work with one person or a case manager who helps you and your family find the services you need? Yes ☐ No ☐
    If yes, please list the person's name: ______________
    What agency does she/he work for? ______________

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11. Are you currently receiving Case Management Services from any agency?
    Yes ☐ No ☐

    If yes, what agency? ____

12. What are the two or three biggest problems that YOU are facing now?

    ____
    ____
    ____
    ____
    ____
    ____

13. What are the two or three biggest problems currently faced by YOUR FAMILY?

    ____
    ____
    ____
    ____
    ____
    ____
    ____

SIGNATURE ________________________ DATE ____________________

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