

Family Self-Sufficiency Program

1007 North Summit Bloomington IN 47404 812.339.3491 Lorrie x 128 Liz x 120 Fax 812.339.7177

F\$\$ Application

The information gathered in this application is used for assessment only. Your desire to participate is the only qualification for entering the FSS program. Please answer honestly and completely.

DATE:	NAME		_PHONE(S)	
ADDRESS				
List other adults in	the household who a	are 18 years or older	?	
\$KILL\$ & INTI	ERE\$T			
Hobbies & Interests	s:			
What activities do y	/ou do as a family?_			
How often do you g	get time alone?			
How often do you s	socialize outside the	family (without kids)?	?	
To what clubs, grou	ups, or organizations	do you belong?		
Do you have intern	et access at home?_			
Volunteer experien	ce(s):			
How do you spend	your time?			

FUTURE PLANS

Please tell us why you are interested in the Family Self-Sufficiency Program.

What are your personal goals for the next five years?_____

What are your professional goals for the next five years?_____

EDUCATION

Circle Highest Grade Completed: 6 7 8 9 10 11 12 13 14 15 16 +					
The month and year you last attended school Last School Attended					
Do you have a diploma or a GED? Date obtained					
List college or technical degree					
List major subjects or vocational courses:					
Do you have tools for a trade or occupation?					
Do you have a trade license or certificate?					
Are you currently enrolled in school? Where?					
Daily class schedule (times)					
Do you have a desire to obtain higher education?					

EMPLOYMENT

I WOULD LIKE TO WORK IN A JOB THAT ALLOWED ME TO:

WORK WITH MY HANDS	RECEIVE LIMITED SUPERVISION		
WORK WITH PEOPLE	WORK WITH NUMBERS/INFORMATION]	
WORK ALONE	WORK IN AN OFFICE]	
WORK OUTSIDE	CAN HAVE CLOSE SUPERVISION]	
WHERE I DO NOT HAVE TO DRESS UP	WHERE I CAN DRESS UP]	
WORK IN A FACTORY]	
What wage per hour do you expect?			
Besides money, why do you want to work?			
What is your dream job?			

Check any of the follow	wing that may be	problems that would kee	p you from getting a job:	
No GED or high school diploma		Unable to read	Criminal record	
No work experience	e	_Lose <i>temper</i> easily	Lack of transportation	
Family problems		Fearful of change	Angry at the system	
Inadequate housing)	Alcohol/drug problems	Poor physical appearance	
Fear of returning to	school	Non-English speaking	Lack of self-confidence	
Poor health		No appropriate clothing	Lack of childcare	
Poor work reference	es	No driver's license	Legal problems	
Not sure what to do)	No telephone	Need degree/trade	
Other				
EMPLOYMENT HIST	TORY PLEASE LI	ST MOST RECENT EM	PLOYER FIRST	
1. COMPANY NAME		РНО	PHONE	
ADDRESS				
JOB TITLE		SUPER	RVISOR'S NAME	
START DATE	END DATE	JOB D	UTIES:	
REASON FOR LEAVI	ING:			
2. COMPANY NAM	1E	РНС	DNE	
			RVISOR'S NAME	
START DATE	END DATE	REASON FO	OR LEAVING:	
BRIEF DESCRIPTION	I OF OTHER PA	ST EMPLOYMENT		

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 NAME______EMAIL_____PHONE_____

 NAME______EMAIL_____PHONE_____

 AND ONE PERSONAL REFERENCE (AN UNRELATED FRIEND)

 NAME______EMAIL_____PHONE______

COMMUNITY SERVICES

What community services have you used in the past, or are now using?

Current	Past	Need Information		
			TANF (Temporary Aid to Needy Families)	
			Social Security	
			Food Stamps	
			WIC	
			Township Trustee	
			Medicaid	
			Health/Public Nursing	
			Unemployment Office/ Workforce Development Services/ Vocational Rehabilitation	
			Community Justice and Mediation Center	
			Legal Aid	
			Food Pantry	
			Energy Assistance / Weatherization / Community Action Program (CAP)	
			Healthy Families / First Steps	
			Head Start	
			Parenting Education / Groups	
			Substance Abuse Treatment	
			Personal/Family Counseling	
			Middle Way House / The Rise	
			Big Brothers Big Sisters	
			AA, Al-Anon, ACOA (Adult Children of Alcoholics)	
			Literacy Council or Literacy Program	
			ABE / GED Classes	
			Day Care Assistance / Title XX	

LIST TWO PROFESSIONAL REFERENCES (people you have worked with not including your boss)

Goal Setting Example

Final Goal: Seek and maintain suitable employment. Be free from TANF.

Obtain a job working in public school administration while raising my three children in my own safe and healthy home.

Interim Goals:

- Report progress and barriers to FSS Coordinator once a month for six months.
- Follow through with referrals my FSS Coordinator gives me.
- Treat ADD & child's ADHD.
- Establish a safe plan for exchanging children with their father.
- Establish activities and supportive services for children.
- o Repair car.
- Get interview clothes.
- o Write resume.
- Obtain employment.
- o Re-establish federal financial aid.
- Complete classes at Ivy Tech
- Enroll and complete IU ED degree.
- Establish a credit rating of at least 600.
- Buy home through "Steps to Home Program".
- o Establish a healthy interpersonal relationship with a potential partner.

Assets:

- Have high school diploma and 12 credit hours at IVY Tech general studies.
- Is organized and determined.
- Has family in town that can assist with some child care.
- Has housing assistance.
- Has food stamps.
- Has TANF.
- o Has Hoosier Health Wise for children
- Has a repairable credit report.
- Have three good work references.
- Has phone and easy access to a computer.

Barriers:

- Not in good standing with federal financial aid and Ivy Tech.
- Need to complete general studies associates' degree at Ivy Tech and obtain bachelors' degree from the IU school of Ed.
- Has untreated adult ADD.
- o Needs income for day-to-day expenses, school books, classes, and to repair credit.
- Not sure how to get extra resources.
- Car in bad repair.
- No interview or working clothes.
- No resume.
- Conflict with the father of children.
- Youngest child may have untreated ADHD.
- Children have no positive male role model(s).
- o Children are not involved with supportive activities and services.

Goal Setting

inal Goal:	
nterim Goals:	
Assets:	
Barriers:	



"FAMILY SELF-SUFFICIENCY" PROGRAM

AUTHORIZATION FOR RELEASE OF INFORMATION

I, ______, hereby authorize the Bloomington Housing Authority and its staff to contact any employers, agencies, offices, groups or organizations, case managers, counselors, or other individuals deemed necessary to obtain information that is necessary to process my application for the Family Self-Sufficiency Program (FSS); verify and document progress toward my goals set in the Individual Service and Training Plan (ISTP), and coordinate community services I may need to complete my FSS contract of participation.

Signature of Head of Household

Date

Signature of Spouse or Other Adult

Date