



Family Self-Sufficiency Program

1007 North Summit
Bloomington IN 47404¹
812.339.3491
Brittney X128
Jessica X120
Fax 812.339.7177

FSS 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 as completely as possible.

Date: _____

Name: _____

Phone(s): _____

Address: _____

Email: _____

How did you hear about this program: _____

List other adults in the household who are 18 years or older: _____

Skills and Interests:

Skills, Hobbies, and Interests: _____

What activities do you like to do? _____

How often do you get time alone? _____

How often do you socialize outside your family? _____

Do you belong to any clubs, groups, or organizations? _____

Do you have internet access at home? _____

Volunteer experience(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:

Highest Grade Completed: _____ The month and year you last attended school _____

Last School Attended: _____ Do you have a diploma or 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? _____

Are you participating in any other self-sufficiency/ related (Middleway- The Rise, SCCAP Thriving Connections, WorkOne program, Salvation Army- Pathway of Hope, etc.) Please list any programs, as this is a preference point. Participation in other programs does not exclude you from participation in the BHA FSS Program.

EMPLOYMENT

I would like to work in a job that allows me to: (circle all that apply)

- | | | |
|---|--|--|
| <input type="checkbox"/> Work with my hands | <input type="checkbox"/> Receive Limited Supervision | <input type="checkbox"/> Work with people |
| <input type="checkbox"/> Work with numbers | <input type="checkbox"/> Work with information | <input type="checkbox"/> Work alone |
| <input type="checkbox"/> Work in an office | <input type="checkbox"/> Work Outside | <input type="checkbox"/> Have to dress-up |
| <input type="checkbox"/> Not have to dress-up | <input type="checkbox"/> Have close supervision | <input type="checkbox"/> Work in a factory |

Are you looking for work now? _____

What wage per hour do you expect? _____

Besides money, why do you want to work? _____

What is your dream job? _____

Check any of the following that may be barriers that would keep you from getting a job:

- | | | |
|--|--|---|
| <input type="checkbox"/> No GED or high school diploma | <input type="checkbox"/> Unable to read | <input type="checkbox"/> Criminal record |
| <input type="checkbox"/> No work experience | <input type="checkbox"/> Lose <i>temper</i> easily | <input type="checkbox"/> Lack of transportation |
| <input type="checkbox"/> Family problems | <input type="checkbox"/> Fearful of change | <input type="checkbox"/> Need degree/trade |
| <input type="checkbox"/> Inadequate housing | <input type="checkbox"/> Alcohol/drug problems | <input type="checkbox"/> Poor physical appearance |
| <input type="checkbox"/> Fear of returning to school | <input type="checkbox"/> Non-English speaking | <input type="checkbox"/> Lack of self-confidence |
| <input type="checkbox"/> Poor health | <input type="checkbox"/> No appropriate clothing | <input type="checkbox"/> Lack of childcare |
| <input type="checkbox"/> Poor work references | <input type="checkbox"/> No driver's license | <input type="checkbox"/> Legal problems |
| <input type="checkbox"/> Not sure what to do | <input type="checkbox"/> No telephone | <input type="checkbox"/> Other: _____ |

EMPLOYMENT HISTORY PLEASE LIST MOST RECENT EMPLOYER FIRST

1. COMPANY NAME _____ PHONE _____

ADDRESS _____

JOB TITLE _____ SUPERVISOR'S NAME _____

START DATE _____ END DATE _____ JOB DUTIES: _____

REASON FOR LEAVING: _____

2. COMPANY NAME _____ PHONE _____

ADDRESS _____

JOB TITLE _____ SUPERVISOR'S NAME _____

START DATE _____ END DATE _____ JOB DUTIES: _____

REASON FOR LEAVING: _____

COMMUNITY SERVICES:

Current Past Need Information

- | | | | |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | TANF (Temporary Aid to Needy Families) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Social Security |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food Stamps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | WIC |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Medicaid |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Unemployment Office/ Workforce Development Services/ Vocational Rehabilitation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Food Pantry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Energy Assistance / Weatherization / Community Action Program (CAP) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Healthy Families / First Steps/ Head Start/ Parenting Group |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Middle Way House / The Rise |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Literacy Council or Literacy Program |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | ABE / GED Classes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Day Care Assistance |