



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