

Family Self-Sufficiency (FSS) Pre-Enrollment Form

Allen Metropolitan Housing Authority
600 South Main Street
Lima, Ohio 45804

FSS Coordinator: Kim Reynolds
Phone: 419-228-6065
Fax: 419-228-1018

Complete the following Pre-Enrollment Form and return it to Allen Metropolitan Housing Authority. Must be a current participant on the Section 8 Housing Choice Voucher Program to join Family Self-Sufficiency.

GENERAL INFORMATION:

DATE: _____ REFERRED BY: _____
CASEWORKER: _____
NAME: _____
ADDRESS: _____ APT. # _____
CITY: _____ STATE: _____ ZIP CODE: _____
CELL PHONE: _____ HOME PHONE: _____
E-MAIL ADDRESS _____

EDUCATIONAL INFORMATION:

Highest level of schooling completed (what grade?): _____ Diploma or GED? _____
Have you attended college? _____ Did you receive a college diploma? _____
Degree obtained: _____
Name of school: _____
Are you currently enrolled in school (college, high school or GED program)? _____
Name of school: _____
What degree are you pursuing? _____
What is your major? _____
If not currently enrolled, are you interested in attending school? _____
Tell us about your interests in attending school: _____

TRANSPORTATION

Do you have a driver's license? YES NO
If you do not have a driver's license, do you want this to be part of your goals? YES NO
Do you own a working car? YES NO
Do you have car insurance? YES NO
Generally, how do you get where you need to go? WALK BIKE BUS TAXI DRIVE
Has lack of transportation prevented you from maintaining employment? YES NO

EMPLOYMENT

Are you currently employed? YES NO

If YES, date started: _____
Name of employer: _____
Your position: _____
Are you: ___ Full-time ___ Part-time ___ On-call/PRN ___ Seasonal
Average number of hours per week: _____
Does your employer offer opportunities for advancement/promotion? YES NO
Would you like to stay with this employer long-term? YES NO
 IF NO, why not? _____

If not currently employed, how long have you been unemployed? _____
Why are you currently not working? _____

Are you actively looking for employment? YES NO

What are the biggest obstacles you face that keep you from obtaining employment? (circle all that apply)

- | | | |
|------------------------|--------------------------------|------------------------|
| Lack of education | Criminal record | Lack of motivation |
| Lack of child care | Medical issues | Need more job training |
| Lack of transportation | No desire to obtain employment | |

Other: _____

Tell us about your previous employment history. List last three employers (start with most recent)

Name of employer: _____

Your position: _____

Start date: _____ End date: _____

Reason for leaving: _____

Name of employer: _____

Your position: _____

Start date: _____ End date: _____

Reason for leaving: _____

Name of employer: _____

Your position: _____

Start date: _____ End date: _____

Reason for leaving: _____

Which job did you like the most? _____

Why? _____

Which job did you like the least? _____

If you could have any job you wanted, what would you choose? _____

Are there opportunities in your area for this career? YES NO NOT SURE

What shift do you prefer to work? 1st shift 2nd shift 3rd shift no preference

Have you participated in an job training classes? YES NO

If YES, what type of training and where did you take the classes? _____

Are you interested in job training classes? YES NO

If YES, what type of training are you interested in? _____

ENTREPRENEURSHIP

Are you interested in starting your own business? YES NO

If YES, what type of business? _____

Would you be interested in a program that could help you start your own business? YES NO

HOMEOWNERSHIP

Would you like to become a homeowner? YES NO

Would you be interested in a program that could help you become a homeowner? YES NO

Have you ever been a homeowner? YES NO

GOALS

What is a personal goal that you have set for yourself in the past three years? _____

Did you accomplish this goal? YES NO

If YES, explain the steps you took to accomplish this goal: _____

If NO, explain your efforts and what prevented you from completing this goal: _____

What goals would you like to set for you and your family that would help you become more self-sufficient?

1. _____

2. _____

3. _____

Do you have family and/or friends that support you in becoming more self-sufficient? YES NO

If yes, WHO? And HOW? _____

What help do you think you will need to accomplish these goals? _____

RESOURCES

What resources would most benefit you and your family right now? (circle all that apply)

- | | | |
|----------------------|----------------------------|------------------------------|
| Driver's license | Basic computer/keyboarding | Clothes for work/interviews |
| Eyeglasses | Dental work | Healthcare |
| Career advising | Job training | Job placement |
| Transportation | Child care | Parenting skills |
| Money management | Counseling | Substance abuse services |
| Educational training | Homeownership services | Health/disability services |
| Credit counseling | Legal counseling | Domestic violence assistance |

OTHER: _____

What types of assistance is your family currently receiving? (circle all that apply)

- | | | |
|-------------------------------|-----------------------|---------------------|
| TANF/cash assistance (ACDJFS) | Medical card (ACDJFS) | Child care (ACDJFS) |
| Food stamps (ACDJFS) | HEAP/PIP (LACCA) | WIC Head Start |

OTHER: _____

PERSONAL FINANCES

Have you ever attended a budgeting or financial literacy class? YES NO
If YES, what class? _____ When? _____

Do you have a checking account? YES NO
Do you have a savings account? YES NO
Have you ever filed bankruptcy? YES NO If YES, when? _____

Are you currently on a payment plan with any debtors? YES NO
Do you need assistance with payment plans and/or debt consolidation? YES NO
Do you use check cashing establishments/payday loans (ex. Cashland, Check Into Cash)? YES NO
Do you purchase items from rent to own stores (ex. Rent-A-Center, Aarons)? YES NO
Do you purchase vehicles from buy here, pay here lots? YES NO

Do you need assistance obtaining and understanding your credit report? YES NO
Have you ever seen your credit report? YES NO
What are your main credit/financial issues at this time? _____



OTHER

Is there any other information no covered in this pre-enrollment form that you feel might be relevant to know about your needs, goals or family situation? _____



SIGNATURES

Head of Household: _____ Date: _____

Other Adult: _____ Date: _____

FSS Coordinator: _____ Date: _____



For office use only:

Comments/Notes:

