

C	Q#	Responses/Comments
EMPLOYMENT	<p>1 Are you willing and able to work?</p> <p><input type="checkbox"/> Yes Continue to 2.</p> <p><input type="checkbox"/> No STOP. You do not need to complete the remainder of this application/assessment. You are not eligible for the Family Self-Sufficiency Program.</p>	
	<p>2 Are you currently working?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> Full time (30+ hours) <input type="checkbox"/> Part time (< 30 hours)</p> <p>Employer _____</p> <p>Start Date _____</p> <p>Starting Wage _____</p> <p>Current Wage _____</p> <p>Benefits</p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Retirement (401k, KPERS, etc)</p> <p><input type="checkbox"/> Other _____</p> <p>Are you satisfied with your current job?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Why? _____</p> <p>Do you feel your work skills are at a promotional level with your current employer?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> No What is your most recent work experience?</p> <p><input type="checkbox"/> Full time (30+ hours) <input type="checkbox"/> Part time (< 30 hours)</p> <p>Employer _____</p> <p>_____ Start _____ Date</p> <p>_____ Ending _____ Wage</p> <p>_____ End _____ Date</p> <p>_____</p> <p>Benefits</p> <p><input type="checkbox"/> Health Insurance</p> <p><input type="checkbox"/> Retirement (401k, KPERS, etc)</p> <p><input type="checkbox"/> Other _____</p> <p>Are you actively seeking employment?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No Why? _____</p> <p>Are you receiving assistance in job search or placement?</p> <p><input type="checkbox"/> Yes What agency? _____</p> <p><input type="checkbox"/> No Would you like assistance with job search or job placement?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>	
	<p>3 Are there factors that limit your ability to work full-time (30+ hrs/wk)?</p> <p><input type="checkbox"/> Yes Factors:</p> <p><input type="checkbox"/> Transportation</p> <p><input type="checkbox"/> Childcare</p> <p><input type="checkbox"/> Family Obligations</p> <p><input type="checkbox"/> Medical Conditions</p> <p><input type="checkbox"/> Other: _____</p> <p><input type="checkbox"/> No</p>	

D	Q#	Responses/Comments
EDUCATION/TRAINING	1 What is your highest level of education? <input type="checkbox"/> Have not completed GED/High School <input type="checkbox"/> GED/High School Diploma <input type="checkbox"/> Some College Credit <input type="checkbox"/> Vocational/Specialized Training type:_____ <input type="checkbox"/> Bachelor's Degree or higher	
	2 Are you currently enrolled in any of the following? <input type="checkbox"/> GED program/High School Completion program <input type="checkbox"/> Post-Secondary Education (College, University) <input type="checkbox"/> Vocational/Specialized Training type:_____ <input type="checkbox"/> None of the above	
	3 Are you interested in furthering your education in any of the following? <input type="checkbox"/> GED program/High School Completion program <input type="checkbox"/> Post-Secondary Education (College, University) <input type="checkbox"/> Vocational/Specialized Training (type:_____) <input type="checkbox"/> Not interested in furthering my education	

E	Q#	Responses/Comments
CAREER/SKILLS	1 Have you ever had a career assessment or career counseling? <input type="checkbox"/> Yes What agency? _____ When? _____ <input type="checkbox"/> No Are you interested in career assessment or counseling? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2 Are you interested in any of the following fields of employment? <input type="checkbox"/> Healthcare <input type="checkbox"/> Office/Administrative Support <input type="checkbox"/> Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Food Service <input type="checkbox"/> Construction/Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____	
	3 Do you have any experience in any of the following fields of employment? <input type="checkbox"/> Healthcare <input type="checkbox"/> Office/Administrative Support <input type="checkbox"/> Retail <input type="checkbox"/> Hospitality <input type="checkbox"/> Food Service <input type="checkbox"/> Construction/Trade <input type="checkbox"/> Manufacturing <input type="checkbox"/> Other: _____	
	4 Do you need further skills/training/education for the type of employment you are seeking? <input type="checkbox"/> Yes What? _____ <input type="checkbox"/> No	
	5 Are you interested in Self-Employment? <input type="checkbox"/> Yes What type? _____ Have you ever owned your own business? <input type="checkbox"/> Yes If yes, what? _____ <input type="checkbox"/> No Have you taken small business classes? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No	

F	Q#	Responses/Comments
FINANCIAL/CREDIT NEEDS	1 Do you have the financial resources to pay your bills? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2 Do you pay your bills on time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Do you have a checking or savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4 Have you ever requested a credit report? <input type="checkbox"/> Yes When was the last time? _____ <input type="checkbox"/> No	
	5 What is your credit score? <input type="checkbox"/> I don't know <input type="checkbox"/> Good (670 – 739) <input type="checkbox"/> Poor (300– 579) <input type="checkbox"/> Very Good (740 – 799) <input type="checkbox"/> Fair (580– 669) <input type="checkbox"/> Exceptional (800 – 850)	
	6 Do you have any revolving accounts (credit cards, loans)? <input type="checkbox"/> Yes Total Balance: \$_____ Monthly Payment: \$ _____ <input type="checkbox"/> No	
	7 Do you have any accounts in collections? <input type="checkbox"/> Yes Total Balance: \$_____ To Who? _____ <input type="checkbox"/> No	
	8 Do you have any other outstanding debt? <input type="checkbox"/> Yes Total Balance: \$_____ To Who? _____ <input type="checkbox"/> No	
	9 Have you ever filed for bankruptcy? <input type="checkbox"/> Yes When? _____ <input type="checkbox"/> No	
	10 Have you ever received services from a credit counseling agency? <input type="checkbox"/> Yes What agency and when? _____ <input type="checkbox"/> No	
	11 Have you ever created a budget? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	12 Have you ever attended a budget management class? <input type="checkbox"/> Yes What agency and when? _____ <input type="checkbox"/> No	
	13 Is being prepared for homeownership one of your goals? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	14 Have you ever attended homeownership classes? <input type="checkbox"/> Yes What agency and when? _____ <input type="checkbox"/> No	
	15 Are you interested in an Individual Development Account (IDA)? <input type="checkbox"/> Yes What would you like to use it for? <input type="checkbox"/> Homeownership <input type="checkbox"/> Education <input type="checkbox"/> Small Business <input type="checkbox"/> No	

I	Q#	Responses/Comments
HEALTH	1 Do you have any health conditions that may affect employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	2 Do you have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	3 Do all members of your household have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	4 Are you currently receiving assistance or counseling in any of the following? <input type="checkbox"/> Physical Health <input type="checkbox"/> Drug or Alcohol Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Family Issues <input type="checkbox"/> Domestic Violence	
	5 Have you ever received assistance or counseling in any of the following? <input type="checkbox"/> Physical Health <input type="checkbox"/> Drug or Alcohol Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Family Issues <input type="checkbox"/> Domestic Violence	
	6 Are you interested in receiving assistance or counseling in any of the following? <input type="checkbox"/> Physical Health <input type="checkbox"/> Drug or Alcohol Abuse <input type="checkbox"/> Mental Health <input type="checkbox"/> Family Issues <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Not interested	

J	Q#	Responses/Comments
OTHER BARRIERS	1 Is there anything else you feel is a barrier that has not been addressed above?	

K	Q#	Responses/Comments
PARTICIPATION	1 Why do you want to participate in the Family Self-Sufficiency program?	
	2 This program requires contact (in-person/phone/email) with the FSS Coordinator on a regular basis. Would this pose a problem for you? <input type="checkbox"/> Yes <input type="checkbox"/> No	

PART III. APPLICATION

By signing below, I understand that I am applying for the FSS program and that the information above will be used to develop my Individual Training and Services Plan (ITSP). The ITSP can be modified to meet my needs upon mutual agreement with the FSS Coordinator. I will receive a copy of the Individual Training and Services Plan (ITSP). I also understand that FSS participants are expected to continually be actively pursuing an educational and/or employment goal and complete other related activities that will assist in reaching individualized goals.

Signature of Applicant

Phone Number

Date

Email Address