

ECKAN HOUSING East Central Kansas Economic Opportunity

Corporation

1320 S. Ash Suite 101 • PO Box 40 • Ottawa, KS 66067

FAX (785) 242-7453

FAX (785) 229-3103 **RETURN** THE COMPLETED FORM TO ECKAN HOUSING

FOR OFFICE USE ONLY			
Date Received:			
Received By:			
ITSP Created:			
FSS Enrollment:			

HOUSING CHOICE VOUCHER FAMILY SELF-SUFFICIENCY APPLICATION/INITIAL ASSESSMENT

Appli	can	t Name:	Date of Assessment:			
Head	of F	Household: □ Yes □ No				
		MICELIOLD COMPOSITION				
'AKI I	. но	OUSEHOLD COMPOSITION				
Nam	е		Relation to HOH	Age	Sex	Disability?
			HEAD			☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
						☐ Yes ☐ No
Α	Q#				Respon	ses/Comments
	1	Do you have any emergency be	asic needs? (check all that a	oply)		
EDS		☐ Food	☐ Risk of Homelessness			
BASIC NEEDS		□ Utilities	□ Othor:			
); 			☐ Other:			
U Į	2	Do you have any non-emerger	ı cy basic needs? (check all t			
BAS	2	☐ Transportation	ncy basic needs? (check all th □ Medical/Dental			
BAS	2		ı cy basic needs? (check all t			
		☐ Transportation☐ Childcare	ncy basic needs? (check all th □ Medical/Dental		Pasnon	sas/Comments
BAS	Q#	☐ Transportation☐ Childcare	n cy basic needs? (check all the second of the left		Respon	ses/Comments
		☐ Transportation☐ Childcare☐ Is your family currently receiving	ncy basic needs? (check all the property of t	natapply)	Respon	ses/Comments
	Q#	☐ Transportation☐ Childcare	ncy basic needs? (check all the second seco	natapply)	Respon	ses/Comments
	Q#	☐ Transportation☐ Childcare☐ Is your family currently receivin☐ Food Stamps	ncy basic needs? (check all the property of t	natapply) s (SS, SSDI, SSI) Disability, etc)	Respon	ses/Comments
	Q#	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit	ncy basic needs? (check all the Medical/Dental Dental Other:	s (SS, SSDI, SSI) Disability, etc)	Respon	ses/Comments
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare	ncy basic needs? (check all the Medical/Dental Dental Other:	s (SS, SSDI, SSI) Disability, etc)	·	
В	Q#	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with	ncy basic needs? (check all the Medical/Dental Dental Other:	s (SS, SSDI, SSI) Disability, etc)	·	ses/Comments e list agency.
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education	ncy basic needs? (check all the Medical/Dental Dental Other:	s (SS, SSDI, SSI) Disability, etc) rdered	·	
	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education ☐ Job Search	ncy basic needs? (check all the Medical/Dental Dental Other:	natapply) s (SS, SSDI, SSI) Disability, etc) rdered ne	·	
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education	ncy basic needs? (check all the Medical/Dental Dental Other:	natapply) s (SS, SSDI, SSI) Disability, etc) rdered ne	·	
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education ☐ Job Search	ncy basic needs? (check all the Medical/Dental Other:	s (SS, SSDI, SSI) Disability, etc) rdered ne g/Counseling eling	If yes, pleaso	
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education ☐ Job Search ☐ Job Training	ng? (check all that apply) Social Security Benefit VA Benefits (Pension, I Child Support (court-o or direct) Other Programs/agencies? Financial Budgeting Grams/agencies in the pass Financial Budgeting	natapply) s (SS, SSDI, SSI) Disability, etc) rdered ne g/Counseling eling	If yes, pleaso	e list agency.
В	Q# 1	☐ Transportation ☐ Childcare Is your family currently receivin ☐ Food Stamps ☐ TAF ☐ Earned Income Tax Credit ☐ Medicaid/KanCare Are you currently working with ☐ Education ☐ Job Search ☐ Job Training Have you worked with other pr	ng? (check all that apply) Social Security Benefit VA Benefits (Pension, I Child Support (court-o or direct) Other Non-Wage Incon other programs/agencies? Financial Budgeting Credit Repair/Monitorin Homeownership Counse	natapply) s (SS, SSDI, SSI) Disability, etc) rdered ne g/Counseling eling t? ng/Counseling	If yes, pleaso	e list agency.

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

D	Q#			Responses/Comments
	1 What is your highest level of education?			
		☐ Have not completed GED/High School		
		☐ GED/High School Diploma		
		☐ Some College Credit		
		☐ Vocational/Specialized Training		
		type:		
ā				
Ē	2	Are you currently enrolled in any of the following?		
₹		☐ GED program/High School Completion program		
Į.		☐ Post-Secondary Education (College, University)		
₫		☐ Vocational/Specialized Training		
AT.	Bachelor's Degree or higher			
≥		\square None of the above		
	3	Are you interested in furthering your education in any of thefollowing	ıg?	
		☐ GED program/High School Completion program		
		☐ Post-Secondary Education (College, University)		
		☐ Vocational/Specialized Training (type:)		
		☐ Not interested in furthering my education		
E	Q#			Responses/Comments
	1	Have you ever had a career assessment or career counseling?		
		☐ Yes What agency?When?	-	
		☐ No Are you interested in career assessment or counseling?		
		□ Yes		
	_	□ No		
	2	Are you interested in any of the following fields of employment?		
		☐ Healthcare ☐ Office/Administrative Support		
		☐ Retail ☐ Hospitality		
S		☐ Food Service ☐ Construction/Trade ☐ Manufacturing ☐ Other:		
REER/SKILLS		☐ Manufacturing ☐ Other: B Do you have any experience in any of the following fields of employm	nt2	
/SK)	☐ Healthcare ☐ Office/Administrative Support	ent:	
ER/		• •		
		☐ Retail ☐ Hospitality		
\ ₹		☐ Food Service☐ Construction/Trade☐ Manufacturing☐ Other:		
		- Manufacturing - Other.		
	4		ent you are	
		seeking?		
		☐ Yes What? ☐ No		
		— 112		
	5	Are you interested in Self-Employment?		
		☐ Yes What type? Have you ever owned your own business?		
		☐ Yes If yes, what?		
		□ No		
		Have you taken small business classes?		
		☐ Yes		
		□ No		
	L	□ No		

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

G	Q#	†	Responses/Comments
CHILDCARE (SKIP IF NO CHILDREN)	1	How many children are in your household?	
	2	Ages of children:	_
		☐ Infant (0 – 12 months) ☐ Elementary (5 years to 11 years)	
		☐ Toddler (12 months to 2 years) ☐ Middle School (11 years to 14 years)	
		☐ Preschool (2 years to 5 years) ☐ High School (14 years to 17 years)	
	3	Do you need to find reliable childcare?	
9		□ Yes	
프		□ No	_
ΑP	4	Do you currently have reliable childcare?	
<u>(S</u>		☐ Yes If yes, how much does your childcare provider charge for childcare?	
ARE		\$weekly/biweekly/monthly	
DG.			
I ∄	5	Do you have a childcare subsidy through DCF?	
٥		☐ Yes If yes, what is the amount of the subsidy?	
		\$monthly	
		□ No	
Н	Q#		Responses/Comments
- ' '	1	Do you have a valid driver's license?	Responses/ Comments
		☐ Yes Do you have access to a vehicle?	
		□ Yes	
		☐ No Continue to 2.	
		Do you have insurance for this vehicle?	
		☐ Yes	
		□ No	
		Is the vehicle in good working condition?	
		☐ Yes	
		□ No What is needed? Do you own this vehicle?	
		□ Yes	
		□ No	
		Who does this vehicle belong to?	
Ž		When is this vehicle available to you?	
E		Continue to 2.	
₹		Are you making payments?	
TRANSPORTATIO		☐ Yes	
		☐ No Continue to 2. What is your monthly payment?\$	
		what is your monthly payment: 5	
		What is your Interest Rate?%	
		Payable to:	
		□ No Have you ever had a valid driver's license?	
		☐ Yes ☐ No	
		Are you eligible to receive a valid driver's license?	
		☐ Yes	
		□ No	
		What steps are needed to receive a valid driver's license?	
		That steps are needed to receive a valid driver 5 decrise.	
	2	Do you have access to public transportation?	
		□ Yes	
		□ No	

ı	Q#			Responses/Comments
	1 Do you have any health conditions that may affect employment?			
ТН		☐ Yes		
	_	□ No	-2	
	2	Do you have health insuranc ☐ Yes	e?	
		□ No		
	3		ehold have health insurance?	
		□ Yes		
		□ No		
	4 Are you currently receiving assistance or counseling in any of the following?			
НЕАСТН		☐ Physical Health	☐ Drug or Alcohol Abuse	
Н		☐ Mental Health☐ Domestic Violence	☐ Family Issues	
	5		tance or counseling in any of the following?	
		☐ Physical Health	☐ Drug or Alcohol Abuse	
		☐ Mental Health	□ Family Issues	
		□ Domestic Violence	•	
	6	Are you interested in receiving following?	ng assistance or counseling in any of the	
		□ Physical Health	☐ Drug or Alcohol Abuse	
		☐ Mental Health	☐ Family Issues	
		☐ Domestic Violence	□ Not interested	
ı	Q#	<u> </u>		Responses/Comments
S	1		el is a barrier that has not been addressed	
OTHER BARRIERS		above?		
BAF				
ER				
6				
K	Q#	!		Responses/Commen
				ts
	1	Why do youwant to participa	ate in the Family Self-Sufficiency program?	
z				
E				
PARTICIPATION	2		act (in-person/phone/email)with the	
₩		_	r basis. Would this pose a problem for	
PA		you? □ Yes		
		□ No		
PART I	II. Al	PPLICATION		
By sig	ning	below, I understand that I am	n applying for the FSS program and that the info	ormation above will be used to
	•	•	vices Plan (ITSP). The ITSP can be modified to m	•
_			vill receive a copy of the Individual Training and	
			pected to continually be actively pursuing an ed	
goal a	na c	omplete other related activiti	es that will assist in reaching individualized goa	ats.
Signa	ature	of Applicant	Phone Number	
Date			 Email Address	