

Jefferson County Housing Authority
3700 Industrial Parkway
Birmingham, Alabama 35217

**Family Self-Sufficiency Program
Application and Needs Assessment**

Print Name (clearly) _____ Date of Birth: _____

Last 4 SSN: _____ Marital Status: _____

Address: _____
Street City, State, Zip Code

Home Phone: _____ Cell Phone: _____ Work Phone: _____

E-Mail: _____

Education

1. What level of education have you completed?

Graduate High School	☐ Yes ☐ No	Highest Grade Completed _____
College	☐ Yes ☐ No	Years Attended _____
Graduate School	☐ Yes ☐ No	Years Attended _____
GED	☐ Yes ☐ No	Years Attended _____
Other Special Training: _____		

2. Are you currently in school? ☐ Yes ☐ No

If yes, where, what are you studying? _____

When do plan to graduate? _____

3. Would you like to go back to school? ☐ Yes ☐ No

GED ☐ Trade or Tech School ☐ Community College ☐ 4 year college ☐ Grad School ☐

Employment

1. Are you currently employed? ☐ Yes ☐ No If no, date of last of employment _____

If yes, please complete the following:

Name of Employer _____ Position _____ Hours/week Hourly rate _____

Start Date: _____ Do you have health benefits? _____ Paid Vacation? _____

2. How long have you been employed? _____

3. Do you have a current resume? _____ Do you need help writing one? _____

4. Do you have any other concerns related to employment that you would like to address? _____

If yes, what are they? _____

5. Please list below any job skills you possess:

6. Are there any other households members currently employed? _____

If so, who? _____ Age of household member: _____
Name of household member

Supportive Services

1. Do you or any members of your household require any accommodations due to a disability?

☐ Yes ☐ No

If yes, explain:

- Check the following if you are currently receiving benefits from:

- ☐ Cash Assistance (Personal donation from family members or friends)
- ☐ TANF
- ☐ Food Stamps
- ☐ Medical Assistance
- ☐ Help with Child Care
- ☐ Unemployment

- Check which services you would like to receive as a participant of the FSS program (Check all that applies):

- ☐ Budgeting/Financial Counseling ☐ Career Counseling
- ☐ Child Care ☐ Drug & Alcohol Counseling
- ☐ Education/GED Assistance ☐ Job Placement
- ☐ Job Search ☐ Job Training
- ☐ Math Skills ☐ Medical Care Assistance
- ☐ Nutrition ☐ Reading Skills
- ☐ Transportation Assistance ☐ Other _____

1. What is your monthly source of income? _____
2. Are you able to pay for your household monthly living expenses? ☐ Yes ☐ No
3. Do you have a checking or savings account? ☐ Yes ☐ No
4. Do you have an ATM/MAC card? ☐ Yes ☐ No
5. Do you have any credit cards? ☐ Yes ☐ No

Child and Health Care

1. Do you currently have young children? ☐ Yes ☐ No
2. Do you currently have a child care provider? ☐ Yes ☐ No
3. Do you currently receive assistance with your child care expenses? ☐ Yes ☐ No
If yes, from what agency? _____
4. Are there any drug or alcohol problems or history of addiction in the household?
☐ Yes ☐ No
If yes, explain: _____
5. Are there any issues with domestic violence in your household?
☐ Yes ☐ No
If yes, explain: _____

Parenting

1. Are there any concerns you have about your children's behavior, education, diet, discipline, friends, medical needs or any other thing? _____
2. Have you or any service provider addressed these concerns with your child?
☐ Yes ☐ No
If yes, explain: _____

4. Would you like you or your children to receive services from any of the following?
☐ Children and Youth ☐ Counseling
☐ Head Start
☐ Other _____

Jefferson County Housing Authority is an equal opportunity provider

Housing

1. Have you ever owned a home before? ☐ Yes ☐ No
2. Are you interested in home ownership? ☐ Yes ☐ No
3. Do you have basic furnishings for your home? (i.e. beds, chairs, sofa)
☐ Yes ☐ No
If no, what are your needs? _____

Transportation

1. Do you own a car? ☐ Yes ☐ No
2. Is car insurance, registration, and inspection up to date? ☐ Yes ☐ No
3. Have you had any major repairs (other than normal maintenance/accident repairs) costing over \$500 in the last six (6) months? Explain. _____

You

1. Who are the people you talk to when you are going through bad times? _____

2. What are your interests or hobbies? _____

3. How much time do you have to do the things you enjoy?

4. Please use this section to add any information about yourself, household, or situation you would like to share, but may not have been addressed in the questions above: _____

Jefferson County Housing Authority is an equal opportunity provider

5. List five (5) goals you would like to accomplish through the FSS program that would assist you in becoming self-sufficient:

- 1.
- 2.
- 3.
- 4.
- 5.

6. List any barriers that may prevent you from accomplishing the goals listed above.
(Examples: childcare, transportation, interviewing skills, clothing, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

Applicant Signature

Date

Jefferson County Housing Authority is an equal opportunity provider

Needs Assessment

Please check each item below considered to be either a personal goal and/or need.

Education

- ☐ GED
- ☐ Tech or Trade School
- ☐ Junior College
- ☐ Four year College
- ☐ Graduate School

Transportation

- ☐ No Driver's License
- ☐ Suspended License
- ☐ No Car
- ☐ Unreliable car/repairs
- ☐ Poor Driving Record
- ☐ No Insurance

Employment

- ☐ Job Readiness
- ☐ Job Training
- ☐ Job Search
- ☐ Part-Time Employment
- ☐ Full-Time Employment
- ☐ Vocational Assessment
- ☐ Career Planning/Exploration
- ☐ Career Advancement

Child Care

- ☐ Need Child Care
- ☐ Present Child Care Irregular
- ☐ Present Child Care Undependable
- ☐ Neighborhood Unsafe
- ☐ Older Child is Latchkey Child
- ☐ Need Day Care
- ☐ Need Head Start Placement
- ☐ Need After-school Care

Financial

- ☐ Debt Recovery: Recent
Bankruptcy or Credit History
- ☐ Money Management and Budget
- ☐ Help with default student
loans or incomplete student Grants request
- ☐ Homeownership

Parenting Skills

- ☐ Discipline
- ☐ Homework help
- ☐ More Patience
- ☐ Want to be closer to Children

Legal

- ☐ Divorce
- ☐ Family Court
- ☐ Child Support
- ☐ Criminal Record History

Personal Growth and Development Goal Setting

- ☐ Stress Management
- ☐ Time Management
- ☐ Problem Solving
- ☐ Crisis Control

Health

- ☐ Medical Insurance
- ☐ Dental Insurance & Dental Care
- ☐ Help with Depression
- ☐ Medical History
- ☐ Help with Children's Emotional
Health or Learning Skills
- ☐ Alcoholism

- ☐ Organization Skills
- ☐ Decision Making
- ☐ Organization Skills
- ☐ Spiritual
- ☐ Self Esteem
- ☐ Physical Fitness
- ☐ Other _____