

COLUMBUS METROPOLITAN HOUSING AUTHORITY

880 EAST 11TH AVENUE
COLUMBUS, OHIO 43211

Revised form: 6-26-07

Tenant # _____

Phone # _____

**FAMILY SELF-SUFFICIENCY PROGRAM
APPLICATION AND ASSESSMENT FORM**

PURPOSE: To work with your family to begin to develop a personal plan for self-sufficiency based on identifying goals and barriers. Information will be used to make appropriate referrals.

Name _____ Date _____

Address _____ Apt # _____ Zip _____

Marital Status (<i>CIRCLE ONE</i>)	
1. Single	4. Widowed
2. Married	5. Divorced
3. Separated	6. Married, Absent Spouse

Education (<i>CIRCLE HIGHEST LEVEL ACHIEVED</i>)	
1. Elementary	5. Post High School
2. High School	6. College Graduate
3. HS Graduate	7. Other (specify)
4. GED	_____

Starting with yourself, list each person who lives or will be living with you.

Name (First & Last)	Relationship	F/M	Birthdate	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

T R A N S P O R T A T I O N

PURPOSE: To determine the degree of mobility you have based on available and ability to use it.
(*CIRCLE ONE ANSWER FOR EACH QUESTION*) Do you have car insurance? YES NO

Do you have a driver's license? YES NO Do you own a working car? YES NO

If you do not have a driver's license, do you want this to be part of your goals? YES NO

CURRENT STATUS

PURPOSE: To determine your current needs besides housing.

Other than housing, what needs do you currently have? (MARK WITH "X" ALL THAT APPLY)

Help managing money Finish school Someone to care for children
 Better transportation Job training Other
 Counseling Better Job _____

Circle the types of help that you have applied for: HEAP PIP Ohio Energy Credit

Tell us about a couple of the biggest problems that you are facing now. _____

Tell us about a couple of the biggest problems that YOUR FAMILY is facing now. _____

CHILD CARE / DEPENDENT CARE

PURPOSE: To determine if those under your care are receiving the services needed.

Do you currently have child care services? YES NO Do you need child care services? YES NO

Do you receive child care vouchers? YES NO Do you need after-school care? YES NO

List the weekly expense of dependent care. \$ _____

Dependent's Name (First & Last)	Age	Day Care and/or School
1.		
2.		
3.		
4.		
5.		

Is any household member handicapped or disabled? YES NO If yes, give name and type of additional support services are needed. _____

EMPLOYMENT HISTORY

PURPOSE: To determine your experience in the work environment. Include any job related to the military service or volunteer activities.

Current Employment

Name and Address of Employer _____

Date of Hire: _____ Name/Type of Position: _____

Job duties: _____

Last Employment

Name and Address of Employer _____

Beginning Date: _____ Rate of pay per month: _____

Ending Date: _____ Name/Type of Position: _____

Job duties: _____

Reason for leaving: _____

Previous Employment

Type of Employment

Approximate time at Employment?

Which job did you like the most? Why?

Other Previous Employment

Type of Employment

Approximate time at Employment?

Which job did you like the least? Why?

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

When do you prefer to work? 1st Shift 2nd Shift 3rd Shift Other/Specify _____

Have you participated in any job training classes? YES NO Do you have a resume? YES NO

Do you want job training classes? YES NO Training classes in what? _____

Do you have obstacles to working now? YES NO If yes, what? _____

GOALS

What changes do you want to see
in your life 3 months from now?

1. _____
2. _____
3. _____

What changes do you want to see
in your life 5 years from now?

1. _____
2. _____
3. _____

Give examples of how you utilize your strengths.

What changes do you want to see
in your life a year from now?

1. _____
2. _____
3. _____

Name 3 strengths:

1. _____
2. _____
3. _____

Participant Signature _____ Date _____

Participant Signature _____ Date _____

Coordinator Signature _____ Date _____