



FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INTEREST FORM and APPLICATION

Name: \_\_\_\_\_ Phone \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_ ZIP \_\_\_\_\_

I am interested in participating in the FSS Program. Please schedule me for an enrollment appointment. I understand that failure to attend my appointment will result in my name being removed from the list for FSS participation.

Check all that apply:

- I work ( ) full time ( ) part time ( ) daytime ( ) evening
I am a student ( ) full time ( ) part time ( ) daytime ( ) evening
I am unemployed at this time

I have completed the attached Personal Data and Goals form (which will be required for enrollment.)

Signature \_\_\_\_\_ Date \_\_\_\_\_

If you are a person with a disability and require a reasonable accommodation in order to participate in the programs and services at the City of Scottsdale Housing Authority, please call 480-312-7717. You may be required to provide information to support your reasonable accommodation request.

DO NOT WRITE BELOW THIS LINE

FOR OFFICE USE ONLY:

FSS Coordinator Checklist for NEW APPLICANT

- Received Application & Goals form Date
Applicant attended FSS Briefing Date
Enrollment/ITSP Appointment on Date
Assessment & Planning with applicant - ITSP Contract of Participation signed Date
Placed on FSS waiting list Date
Notice of FSS Briefing on Date mailed Date
Cert date:
Annual Inc: Earned Inc: TTP:



**CURRENT STATUS:**

Years of school completed (high school completion=12) \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

**College / school / training program(s) you have completed or are currently attending.**

<u>School / Training Facility</u>	<u>Degree/Certification</u>	<u>Completion Date</u>	<u>Current Student</u>
_____	_____	_____	_____
_____	_____	_____	_____

**Are you currently receiving case management through any other agency?**

No \_\_\_ Yes: Name of Agency \_\_\_\_\_

**Are you currently employed? No \_\_\_ Yes: Full time \_\_\_ Part time \_\_\_**

Date employment began: \_\_\_\_\_ Benefits: Health \_\_\_ Retirement \_\_\_

**Other household members employed?** \_\_\_\_\_

**Number of children receiving child care services** \_\_\_\_\_

**Do you or any household members receive any of the following?**

TANF \_\_\_ AHCCCS / Kids Care \_\_\_ Food Stamps \_\_\_ Social Security or Disability income \_\_\_  
Unemployment income \_\_\_ Child Support \_\_\_ Earned Income Tax Credit \_\_\_

**What form of transportation do you use?**

Own car \_\_\_ Walk \_\_\_ Bus \_\_\_ other \_\_\_

**Do you have a home computer? No \_\_\_ Yes \_\_\_ email address:** \_\_\_\_\_

**What are your other needs?**

- |   |   |
|---|---|
| <input type="checkbox"/> Food assistance            | <input type="checkbox"/> Transportation               |
| <input type="checkbox"/> Personal/Family counseling | <input type="checkbox"/> Substance abuse counseling   |
| <input type="checkbox"/> Parenting                  | <input type="checkbox"/> Domestic violence counseling |
| <input type="checkbox"/> Child care                 | <input type="checkbox"/> ESL                          |
| <input type="checkbox"/> Resume writing             | <input type="checkbox"/> College                      |
| <input type="checkbox"/> Employment                 | <input type="checkbox"/> Mentoring                    |
| <input type="checkbox"/> Career planning            | <input type="checkbox"/> Support groups               |
| <input type="checkbox"/> Job training               | <input type="checkbox"/> Time management              |
| <input type="checkbox"/> GED                        | <input type="checkbox"/> Self-employment              |
| <input type="checkbox"/> Money management / Credit  | <input type="checkbox"/> Healthcare                   |
| <input type="checkbox"/> Self esteem                | <input type="checkbox"/> Other: _____                 |
| <input type="checkbox"/> Homeownership preparation  |   |

**SCOTTSDALE HOUSING AGENCY FAMILY SELF-SUFFICIENCY INFORMATION RELEASE**

I authorize Scottsdale Housing Agency to release general information of my participation in the FSS program. This information may be used for various media sources as FSS newsletters, announcements, brochures, support groups, or to help promote the program, or to coordinate supportive services. This includes, but is not limited to, event photos. Declining to sign below will not affect my participation in the FSS program.

**NAME (print)** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_

**DATE** \_\_\_\_\_