## FAMILY SELF-SUFFICIENCY PROGRAM

Pre-Enrollment Form

Name:			Date			
Mailing Address:						
City:	State:	Z	ip:			
Date of birth:	State: Zip: Social Security Number:					
Home Phone:	Cell: e-mail:					
Have you even been enrolled in any FSS If so, When Where_	S ProgramY N					
1. Please list all family members who l the relationship of each family mem			g the he	ead of household.		
Family Member	Relationship to Head of Household	Age	Sex	Ethnicity*		
	Self					
*Ethnic groups include: White.	African American, F	⊥ Hispanio	c. Ame	rican India		
<b>C</b> 1	ye, and Asian/Pacific	-	-			
2. Are you (head of household) ending the second of the se	- •					
The job is: permanent temporar	_					
	•					
Start date Jo Rate of Pay \$	Hrs ner week					
If unemployed, what type of incom						
3. Are any other family members If Yes, please fill out the follow	± •	Yes_		No		

## FSS Pre-Enrollment Form Page 2

Family Member	Type of Job	Rate of Pay (indicate per hour/week)	
4. Please check	any items below that y	ou consider a current need.	
(Please chec	k all that apply).		
□ Need a better j	ob	☐Need better transportation	
□Need someone	to take care of children	☐Need to see a doctor for health problems	
□Need more Mo	oney to pay bills each m	ionth	
☐Want to finish	School	☐Need help being a better parent	
☐Need food ass	istance	□ Counseling	
☐Job training		☐ Need help managing money	
Dlagge list other mands	for comicae or coals w	an an rionn formille horses	
Please list other needs	for services or goals yo	ou or your family have:	

## FSS Pre-Enrollment Form Page 3

5. Please mark with a (**R**) any agencies you are receiving services from, a (**V**) for any visited, and a (**Rvd**) for any you have received services from in the last six months.

—— Health Department, doctor or clinic	—— Cash Assistance		
—— Job Training Program	—— Food Stamps		
—— Mental Health Center	— Medical Insurance (_AHCCCSPrivate)		
—— Food Bank	—— Alcohol or drug program		
—— Head Start for children	—— Children's services program		
—— Community College	— Vocational/Tech School		
—— Shelters	—— None of the above		
Comm. Action Agency or Comm. Service 6. Do you speak English? If no, what language(s) do you speak?	—— Other (please list below) Yes□ No□		
7. Do other family members speak English? If no, What language(s) do they speak?	Yes \( \text{No} \( \text{No} \)		
8. What is your highest level of education? # of	years completed		
Circle one - Middle School High School Bac	helor's <u>Doctorate</u> <u>Some College</u>		
9. Do you have a high school diploma or GED?	Yes□ No□		
10.If you were to get a job or change your job, w watch your children? Yes□ No□	•		
11. Are <b>you</b> currently receiving Case Management Yes□ No□	, ,		
If yes, what agency?			
12. Are you now working with an individual or a <b>family</b> find the services? Yes□ No If yes, please list person's name:  Agency's name?	o		

## FSS Pre-Enrollment Form Page 4

13. What are the two or three majo	or problems that <b>YOU</b> are facing now?
•	<del>-</del>
14. What are the two or three majo	or problems currently faced by YOUR FAMILY?
SIGNATURE	DATE