

SPRINGFIELD HOUSING AUTHORITY

FAMILY SELF SUFFICIENCY INTEREST FORM

Thank you for your interest in the Springfield Housing Authority Family Self-Sufficiency (FSS) Program. If you are a current Public Housing resident or a current Section 8 participant, please complete this form and return it to the Springfield Housing Authority.

Name: _____ Phone: _____
 Address: _____ Email: _____

Employment Status:

- Employed
 - o Where? _____ How long employed? _____
- Unemployed
 - o How long unemployed? _____

Do you receive SSI or Social Security? Yes No
 Does anyone in your household receive TANF? Yes No

Last grade in school completed: _____
 If you did not complete high school, do you have a GED? _____

Are you currently attending any training or educational program? Yes No
 If yes, what type? _____ Where? _____

What type of supportive services would be most beneficial to you?

- Job Training
- Job Advancement
- Education
- Child Care
- Transportation
- Start Own Business
- Homeownership Counseling
- Financial Literacy/Money Management
- Parenting Classes
- Other _____

What are your goals?

What are your barriers/obstacles?

How would you benefit from the FSS program?

FOR OFFICE USE ONLY	
Date Received:	
Client Number:	Last RX/Interim:
FSS Specialist:	FSS Orientation Date: