

# Family Self-Sufficiency (FSS) Pre-Enrollment Form



Allen Metropolitan Housing Authority  
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## GENERAL INFORMATION:

DATE: \_\_\_\_\_ REFERRED BY: \_\_\_\_\_  
CURRENT CASEWORKER: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ APT. # \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
PHONE: \_\_\_\_\_  
E-MAIL ADDRESS: \_\_\_\_\_

## EDUCATIONAL INFORMATION:

Highest level of schooling completed (what grade?): \_\_\_\_\_ Diploma or GED? \_\_\_\_\_  
Have you attended college? \_\_\_\_\_ Did you receive a college diploma? \_\_\_\_\_  
Degree obtained: \_\_\_\_\_  
Name of school: \_\_\_\_\_  
Are you *currently* enrolled in school (college, high school or GED program)? \_\_\_\_\_  
Name of school: \_\_\_\_\_  
What degree are you pursuing? \_\_\_\_\_  
What is your major? \_\_\_\_\_  
If not currently enrolled, are you *interested* in attending school? \_\_\_\_\_  
Tell us about your interests in attending school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TRANSPORTATION**

Do you have a driver's license? YES NO

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

Do you own a working car? YES NO

Do you have car insurance? YES NO

Generally, how do you get where you need to go? WALK BIKE BUS TAXI DRIVE

Has lack of transportation prevented you from maintaining employment? YES NO

**EMPLOYMENT**

Are you currently employed? YES NO

If YES, date started: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Your position: \_\_\_\_\_

Are you: \_\_\_\_\_ Full-time \_\_\_\_\_ Part-time \_\_\_\_\_ On-call/PRN \_\_\_\_\_ Seasonal

Average number of hours per week: \_\_\_\_\_

Does your employer offer opportunities for advancement/promotion? YES NO

Would you like to stay with this employer long-term? YES NO

IF NO, why not? \_\_\_\_\_

If not currently employed, how long have you been unemployed? \_\_\_\_\_

Why are you currently not working? \_\_\_\_\_

Are you actively looking for employment? YES NO

What are the biggest obstacles you face that keep you from obtaining employment? (circle all that apply)

Lack of education

Criminal record

Lack of motivation

Lack of child care

Medical issues

Need more job training

Lack of transportation

No desire to obtain employment

Other: \_\_\_\_\_

Tell us about your previous employment history. List last three employers (start with most recent)

Name of employer: \_\_\_\_\_

Your position: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Your position: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Name of employer: \_\_\_\_\_

Your position: \_\_\_\_\_

Start date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Which job did you like the most? \_\_\_\_\_

Why? \_\_\_\_\_

Which job did you like the least? \_\_\_\_\_

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

Are there opportunities in your area for this career? YES NO NOT SURE

What shift do you prefer to work? 1st shift 2nd shift 3rd shift no preference

Have you participated in an job training classes? YES NO

If YES, what type of training and where did you take the classes? \_\_\_\_\_

Are you interested in job training classes? YES NO

If YES, what type of training are you interested in? \_\_\_\_\_

**ENTREPRENEURSHIP**

Are you interested in starting your own business? YES NO

If YES, what type of business? \_\_\_\_\_

Would you be interested in a program that could help you start your own business? YES NO

**HOMEOWNERSHIP**

Would you like to become a homeowner?      YES    NO

Would you be interested in a program that could help you become a homeowner?    YES    NO

Have you ever been a homeowner?      YES    NO

**GOALS**

What is a personal goal that you have set for yourself in the past three years?

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Did you accomplish this goal?              YES              NO

If YES, explain the steps you took to accomplish this goal: \_\_\_\_\_

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If NO, explain your efforts and what prevented you from completing this goal:

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What goals would you like to set for you and your family that would help you become more self-sufficient?

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Do you have family and/or friends that support you in becoming more self-sufficient?    YES    NO

If yes, WHO? And HOW? \_\_\_\_\_

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What help do you think you will need to accomplish these goals?

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**RESOURCES**

What resources would most benefit you and your family right now? (circle all that apply)

- |                      |                            |                              |
|----------------------|----------------------------|------------------------------|
| Driver's license     | Basic computer/keyboarding | Clothes for work/interviews  |
| Eyeglasses           | Dental work                | Healthcare                   |
| Career advising      | Job training               | Job placement                |
| Transportation       | Child care                 | Parenting skills             |
| Money management     | Counseling                 | Substance abuse services     |
| Educational training | Homeownership services     | Health/disability services   |
| Credit counseling    | Legal counseling           | Domestic violence assistance |

OTHER: \_\_\_\_\_

What types of assistance is your family currently receiving? (circle all that apply)

- |                               |                       |                     |
|-------------------------------|-----------------------|---------------------|
| TANF/cash assistance (ACDJFS) | Medical card (ACDJFS) | Child care (ACDJFS) |
| Food stamps (ACDJFS)          | HEAP/PIP (LACCA)      | WIC                 |

OTHER: \_\_\_\_\_

**PERSONAL FINANCES**

Have you ever attended a budgeting or financial literacy class? YES NO

If YES, what class? \_\_\_\_\_

When? \_\_\_\_\_

Do you have a checking account? YES NO

Do you have a savings account? YES NO

Have you ever filed bankruptcy? YES NO If YES, when? \_\_\_\_\_

Are you currently on a payment plan with any debtors? YES NO

Do you need assistance with payment plans and/or debt consolidation? YES NO

Do you use check cashing establishments/payday loans (ex. Cashland, Check Into Cash)? YES NO

Do you purchase items from rent to own stores (ex. Rent-A-Center, Aarons)? YES NO

Do you purchase vehicles from buy here, pay here lots? YES NO

Do you need assistance obtaining and understanding your credit report? YES NO

Have you ever seen your credit report? YES NO

What are your main credit/financial issues at this time? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



**OTHER**

Is there any other information not covered in this pre-enrollment form that you feel might be relevant to know about your needs, goals or family situation? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SIGNATURES**

Head of Household: \_\_\_\_\_ Date: \_\_\_\_\_

Other Adult: \_\_\_\_\_ Date: \_\_\_\_\_

FSS Coordinator: \_\_\_\_\_ Date: \_\_\_\_\_



**For office use only:**

Comments/Notes:

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