

Lorain Metropolitan Housing Authority

Family Self-Sufficiency (FSS) Program Pre-Enrollment and Assessment Form

Please answer each of the following questions as completely as possible.

Name: _____

Address: _____

Phone: _____

Email Address: _____

Would you like to be contacted by email? Yes No

1. Please list all individuals who live in your housing unit, starting with the head of household, and give the relationship of each household member to the head of household:

Name of Household Member	Relationship to Head of Household	Age	Sex	Ethnicity
	Self			

*Ethnic groups include: White, African American, Hispanic, American Indian, Alaskan Native, and Asian/Pacific Islander

2. Are you (head of household) currently employed? Yes No

If yes, where are you employed and what is your position? _____

If yes, what kind of hours do you work? Full-time Part-time Seasonal Work

If yes, what is your rate of pay (ex. \$10/hour or \$250/week)? _____

If you are not currently working, what type of income do you receive? _____

3. Are any other household members currently employed? Yes No

If yes, please complete the following information:

Household Member	Job	Rate of Pay (Indicate per Hour or Week)	
		\$	Per
		\$	Per

4. Are you a veteran? Yes No
5. Do you speak English? Yes No
If no, what language(s) do you speak? _____
6. Do you have a vehicle? Yes No
7. Do you have any bank accounts? Yes No
If yes, what is the name of your bank and what kind of account do you have? _____
8. Do you have a high school diploma or GED? Yes No
9. What is your highest level of education? _____
10. Are you currently enrolled in classes of any kind? Yes No
If yes, where are you enrolled and what are you studying? _____
11. Which of the following agencies or activities have you or anyone in your household visited or participated in **within the last 6 months**? (Please check all that apply)

	Lorain County Health & Dentistry		Department of Jobs and Family Services
	VA Clinic		Alcohol or Drug Program
	Ohio Means Jobs Lorain County (formerly The Employment Network)		Community Action Agency
	Mental Health Center (ex. Nord, Far West Center)		Food Pantry or Free Meals Program
	Head Start		Computer Classes
	The Boys and Girls Club		English as a Second Language (ESL) Classes
	Community College		El Centro
	Vocational/Tech School (ex. JVS)		GED Classes
	Child Care Services		Job Training
	Other (please list):		

12. What needs do you currently have? (Please check all that apply)

	Employment/Better Job		Transportation/Better Car
	Child Care		Counseling
	Job Training		Money Management Skills
	Finishing School		Parenting Skills
	Other (please list):		

13. **What are the two or three biggest problems you are facing right now?**

14. **What are three or four goals you would like to accomplish in the next five years?**

15. **What, if anything, is keeping you from reaching those goals?**

16. **Please tell me about three of your strengths:**

Thank you for your interest in LMHA's Family Self-Sufficiency Program.

Please send your completed application to the Resident Services Department.
You will be contacted shortly to set up a one-on-one interview for participation in the FSS program.