



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

The FSS Program is open only to persons currently living in LHAND public housing or who have a LHAND Housing Voucher. (This is not an application for LHAND housing.)

Thank you for your interest in LHAND's FSS Program! All sections of this form must be completed to process your application. You will be contacted by an FSS Coordinator when you are eligible to attend an FSS orientation session. Family Self-Sufficiency Program slots are limited, and completion of this form is not a guarantee by LHAND of your acceptance into the program.

Date:

Please check one:

I have a LHAND Housing Choice Voucher (Section 8) Case Representative:

I live in Curwin Circle (Public Housing)

Name:				Last 4 digits of SSN:	
Address:				Apt./Unit:	
City				Zip Code:	
Home Phone:		Cell Phone:		Best time to call:	
Email Address:					
Your Age		<input type="checkbox"/> Male	<input type="checkbox"/> Female	Total in household under age 18	Total age 18 or older

1. Are you currently employed? Yes No

Employer: Job Title:

Total income from employment you earned in the last 12 months: \$

If unemployed, what type of income do you receive?

2. Do you receive SSI/Social Security Disability Insurance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3. Is anyone in your household receiving cash assistance (TANF)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4. Are you willing and able to seek and maintain employment within the next 5 years?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5. Are any other family members employed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If yes, please fill out the following information:

Family Member	Employment	Rate of Pay	Per hour/week
		\$	per _____
		\$	per _____
		\$	per _____
		\$	per _____

Return completed application by mail, e-mail, or fax to:

LHAND FSS Program, 39 Curwin Terrace Lynn Ma 01905 Fax : 339-883-2606

Public Housing residents: Cathy Rowe, 339-883- 2642, cerow@lhand.org

HCV residents (Sec 8): Crismely Bernabel, 339-883-2351 cbernabel@lhand.org

6. If you were to enter the FSS Program, what are 2-3 self-sufficiency goals that you would like to accomplish?

7. Check any items below that you consider a current need. (Please check all that apply)

- | | |
|---|---|
| <input type="checkbox"/> Need a better job | <input type="checkbox"/> Need better transportation |
| <input type="checkbox"/> Job training | <input type="checkbox"/> Need to see a doctor for health problems |
| <input type="checkbox"/> Need more money to pay bills each month | <input type="checkbox"/> Need help being a better parent |
| <input type="checkbox"/> Want to finish school | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> Need someone to take care of children (child care) | <input type="checkbox"/> Need help managing money |

8. List other needs or services you or your family members have:

9. Check the different agencies you have visited or received services from in the last six months:

- | | |
|--|--|
| <input type="checkbox"/> Health Department, doctor, clinic | <input type="checkbox"/> Community action Agency or Community Services |
| <input type="checkbox"/> Mental health center | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Alcohol or drug program |
| <input type="checkbox"/> Head Start for child(ren) | <input type="checkbox"/> Children's services program |
| <input type="checkbox"/> Job training program | <input type="checkbox"/> Free meals program |
| <input type="checkbox"/> Community college | <input type="checkbox"/> Vocational/Tech school |
| <input type="checkbox"/> Other (please list below) | <input type="checkbox"/> Shelters |

10. Do you speak English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what language(s) do you speak?			
11. Do other family members speak English?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If no, what language(s) do they speak?			
12. What is your highest level of education?			
13. If you were to get a job or change your job, would you need help finding someone to watch your children (child care)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
14. Do you now work with one person or a case manager who helps you and your family find the services you need?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, list the person's name:			
What agency does she/he work for?			
15. Are you currently receiving Case Management Services from any agency?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, what agency?			

16. List the things that prevent you from obtaining employment right now (if applicable):

17. What are the two or three biggest problems currently facing your family:

FOR FSS OFFICE USE

notification		Recertification Month:	
Applicant in good standing with LHAND	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Random Assignment (y/n):
FSS Coordinator Initials:		Date:	