REGIONAL HOUSING AUTHORITY
Serving the Cities of Live Oak, Yuba City and Colusa • Counties of Sutter, Nevada, Colusa and Yuba

1455 Butte House Road • Yuba City, CA 95993
Phone: (530) 671-0220 • Toll Free: (888) 671-0220 • TTY: (866) 735-2929 • Fax: (530) 673-0775
www.RegionalHA.org

Family Self-Sufficiency Program
Application and Assessment Form

Head of Household: _____ SSN: _____

What is your current employment status?

☐ Employed Full-time ☐ Employed Part-time ☐ Retired: age_____ ☐ On Strike
☐ On Lay-off ☐ Leave of Absence ☐ Unemployed ☐ Disabled
☐ Looking for Work ☐ Waiting to start job ☐ Enrolled in School ☐ Homemaker
☐ In Job-training ☐ **Oth**er_____
☐ Temp/away from work (describe)_____Approx. return to work Date:_____

Employed Family Member: _____ SSN:_____

Other Adult in the home:_____ Relationship: _____

Employer_____ Rate of Pay_____ Per: ☐Hr / Hrs per wk_____
Address_____ Ph: _____ Supv:_____
Approximate Date Employment Began: _____If Seasonal what is approx. end date_____
Employment Advancement Opportunity :_____Rate of Pay $_____per_____
Check {☑}
☐ Health Benefits in Current Employment ☐ Medical ☐ Dental ☐ Vision ☐ Other_____
☐ Other Benefits in Current Employment - Please List: _____

Have you ever been known by another name, including maiden name?
( ) Yes ( ) No
If so under what name? _____
Military Service From:_____ To:_____
Have you been convicted of a crime, felony or misdemeanor within the last 7 years? If yes, give details.
( ) Yes ( ) No

Are you prevented from becoming lawfully employed in this country because of Visa or Immigration Status?
( ) Yes ( ) No

If you are currently in school or a vocational training program, fill out the following information:
Name of School:_____ ☐ classroom ☐ online ☐ blended
Major / Trade_____ Beginning date:_____ Expected date of Graduation_____

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List skills, certificates, special training or experience:_____

_____

Past or present Colleges Attended:_____Degree: _____Yrs____

School years completed (K-12)_____ ☐ Diploma ☐ GED

Transportation: Check {☑} all boxes that apply:

☐ I have a valid drivers license #_____	☐ I have a reliable vehicle	☐ I use public transportation / Taxi
☐ I have car insurance	☐ I have a non working car	☐ I walk
☐ I do not have a valid DL	☐ I ride a bicycle	☐ I depend on others_____

Child Care: Please print legible

Dependents name	Age	Grade	School / Licensed Day Care or Family Care	Day Care Schedule

Days of the week and Hours of the day you need childcare services _____

Parental Challenges:_____

_____

Current Enrollment in Assistance Programs: Check {☑} all boxes that apply:

☐ CalWorks / TANF	☐ Food Stamps: self___ child___	☐ Medi-cal/Medicaid
☐ General Assist./Relief	☐ Earned Income Tax Credit	☐ Dept. of Rehabilitation
☐ Food Banks	☐ Soc Sec type:_____	☐ AODS or Mental Health
☐ Utilities: Care/Heap	☐ Family Resource Ctr/Domestic violence	☐ CCHAP
☐ Regional Center	☐ Child Protective Services	☐ NCO
☐ Veteran's	☐ EDD or One Stop	☐ Other:_____

Check {☑} all boxes that apply for services you may need:

☐ GED	☐ High School	☐ College/Post Secondary
☐ Vocational/Job Training	☐ Job Skills or Resume	☐ Job Search/Placement
☐ Transportation	☐ Medical Referral _____	☐ Alcohol/Drug Issues
☐ Mental Health Services	☐ Child Care	☐ Food Assistance
☐ First Time Home Buyer Orientation	☐ Credit Building or Repair	☐ Budget Information
☐ Stress Management	☐ Health or Nutritional Info.	☐ Support Group
☐ Legal Issues	☐ Job Retention	☐ **Mentoring**

The Housing Authority is an equal opportunity employer and housing provider.

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☐ Individual Development Account ☐ Other_____

Finances: Check {☑} all boxes that apply and for any services you may need:

☐ I have a checking account	☐ I have a written budget	☐ I owe a lot of money
☐ I have a savings account	☐ I do not follow a budget	☐ I have a poor credit rating
☐ I have been turned down for a checking account	☐ I overspend	☐ I have credit issues that have become legal issues
☐ I need help /this issue	☐ I use credit cards	☐ I would like credit information
	☐ I need help w/budgeting	

Support:

Who do you go to when you need help?_____

How do you relieve stress?_____

Are you receiving any type of Case Management Services from any agency? ☐ Yes ☐ No ☐ Past

Agency _____ Case Manager_____ Start Date _____

Emergency Contact:_____Relationship:_____Phone:_____

Current Status and Goals: Please print legible

List at least 3 biggest problems YOU are facing now:_____

_____

List any problems YOUR FAMILY is facing now: _____

_____

How would you like things to be in the future?_____

_____

What do you want most from life?_____

_____

What changes would you want to see in your life 6 months from now?_____

_____

What changes would you want to see in your life 1 year from now?_____

_____

What changes would you want to see in your life 5 years from now?_____

_____

Name at least 3 of your strengths:_____

Give a few examples of how you utilize your strengths:_____

_____

How would you describe success?_____

_____

What are your goals?

Education:_____

Career:_____

Financial:_____

Family:_____

Personal:_____

What is preventing you from reaching your goals?_____

_____

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What concerns do you have about the FSS Program?_____
_____
Comments, concerns or questions?_____
_____

STATEMENT OF CONFIDENTIALITY

The information you provide during the course of this interview will be held in confidence and shall be used solely for assessing your needs for the Family Self Sufficiency Program. No disclosure of individual attribution will be made in any report or oral briefing without your prior written consent except as required by law.

_____ _____
FSS Recipient Date

NAME _____

ADDRESS_____

_____

PHONE _____