

FAMILY SELF SUFFICIENCY APPLICATION
MDOC Section 8 and HAB Section 8 and Public Housing

I am a current client and my occupancy specialist's name is: _____

Name: _____

Address: _____ **Zip:** _____

Phone: _____ **Cell Phone:** _____ **Message Phone:** _____

Birth date: _____ **Age:** _____

Why are you interested in participating in the FSS Program?

List All Household Members:

Full Name	Date of Birth	Male/Female
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- | | | |
|----|-------|-------|
| 1. | _____ | _____ |
| 2. | _____ | _____ |
| 3. | _____ | _____ |
| 4. | _____ | _____ |

Do you have a High School Diploma or GED? Yes _____ No _____

What is your highest level of completed education? _____

Do you attend college or other higher education program? Yes _____ No _____

Are you Employed: Yes _____ No _____ **Full-time** _____ **Part-time** _____

If yes: Rate of Pay \$ _____ **Per/Hour** **When did your employment begin?** _____

Do you need childcare to work? Yes _____ No _____

Do you need job training or help finding employment? Yes _____ No _____

Is anyone in your family receiving (Please circle):

TANF **Food Stamps** **Medicaid** **Earned Income Tax Credit**

I certify the information furnished by me for the FSS program is true to the best of my knowledge. I understand only Section 8 clients are eligible to apply and participate in the Family Self-Sufficiency program. I understand this statement and realize all information is confidential:

Signed: _____ **Date:** _____

For additional information, please call 237-1915

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HAB/MDOC Family Self-Sufficiency Monthly Report

Head of Household name: _____ Date: _____ Phone: _____

1. What Goals are you working on? Is there anything holding you back? Are there any services you believe would be beneficial?

2. Have you completed any steps toward your goals? If so, please attach verification.

3. Would you like an appointment? _____
If yes, when is a good time for you? _____

4. Do you need to update/change any goals? If so, What?

Reminder: I will update and mail you a copy to sign and return.

5. Have you attended an FSS panel meeting? _____ If so, when? _____
Reminder: you must attend at least one for graduation.

6. Are you currently employed? _____ If yes, provide the following:

Name of employer: _____
Address of employer: _____
Phone number of employer: _____
Number of hours worked per week: _____
Is health insurance available? _____
Is a retirement plan or pension available? _____

CONTINUED ON NEXT PAGE

7. Have you used Job Service or other agency to find employment? _____

8. Is anyone in your household receiving the following?

TANF: _____

SNAP: _____

Medicaid: _____

General Assistance: _____

9. Would you be interested in a referral to any classes offered by the Home Center?

Savings _____

Budgeting _____

Insurance _____

Credit _____

Reminder: These classes are FREE of charge and held in the evenings.

10. Are you:

- Enrolled to begin college or other adult education program? _____
- Attending college or other Adult Education Program? _____
 - If so what is your expected graduation date? _____
- How many years of school has the head of household completed to date? _____

As a program participant, monthly reporting is a requirement of your contract. Failure to complete and return this form at least once per month may result in your termination from the FSS program and loss of any monies accrued.

Return this form to:
Shauna K. at the Housing Authority of Billings
2415 1st Avenue North
Billings, MT 59101
Phone: 406-237-1915 Fax: 406-237-1955
Email: shaunak@billingsha.org