

Jefferson County Housing Authority  
3700 Industrial Parkway  
Birmingham, Alabama 35217

Family Self-Sufficiency Program  
Application and Needs Assessment

Print Name (clearly) \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Last 4 SSN: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City, State, Zip Code

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

E-Mail: \_\_\_\_\_

**Education**

1. What level of education have you completed?

Graduate High School	<input type="radio"/> Yes <input type="radio"/> No	Highest Grade Completed _____
College	<input type="radio"/> Yes <input type="radio"/> No	Years Attended _____
Graduate School	<input type="radio"/> Yes <input type="radio"/> No	Years Attended _____
GED	<input type="radio"/> Yes <input type="radio"/> No	Years Attended _____
Other Special Training:		_____

2. Are you currently in school?  Yes  No

If yes, where, what are you studying? \_\_\_\_\_

When do plan to graduate? \_\_\_\_\_

3. Would you like to go back to school?  Yes  No

GED  Trade or Tech School  Community College  4 year college  Grad School

**Employment**

1. Are you currently employed?  Yes  No If no, date of last of employment \_\_\_\_\_

If yes, please complete the following:

Name of Employer \_\_\_\_\_ Position \_\_\_\_\_ Hours/week Hourly rate \_\_\_\_\_

Start Date: \_\_\_\_\_ Do you have health benefits? \_\_\_\_\_ Paid Vacation? \_\_\_\_\_

2. How long have you been employed? \_\_\_\_\_

3. Do you have a current resume? \_\_\_\_\_ Do you need help writing one? \_\_\_\_\_

4. Do you have any other concerns related to employment that you would like to address? \_\_\_\_\_

If yes, what are they? \_\_\_\_\_

5. Please list below any job skills you possess:

6. Are there any other households members currently employed? \_\_\_\_\_

If so, who? \_\_\_\_\_ Age of household member: \_\_\_\_\_  
Name of household member

### **Supportive Services**

1. Do you or any members of your household require any accommodations due to a disability?

Yes  No

If yes, explain:

- Check the following if you are currently receiving benefits from:
  - Cash Assistance (Personal donation from family members or friends)
  - TANF
  - Food Stamps
  - Medical Assistance
  - Help with Child Care
  - Unemployment
  
- Check which services you would like to receive as a participant of the FSS program (Check all that applies):
  - Budgeting/Financial Counseling  Career Counseling
  - Child Care  Drug & Alcohol Counseling
  - Education/GED Assistance  Job Placement
  - Job Search  Job Training
  - Math Skills  Medical Care Assistance
  - Nutrition  Reading Skills
  - Transportation Assistance  Other \_\_\_\_\_

1. What is your monthly source of income? \_\_\_\_\_
2. Are you able to pay for your household monthly living expenses?  Yes  No
3. Do you have a checking or savings account?  Yes  No
4. Do you have an ATM/MAC card?  Yes  No
5. Do you have any credit cards?  Yes  No

### **Child and Health Care**

1. Do you currently have young children?  Yes  No
2. Do you currently have a child care provider?  Yes  No
3. Do you currently receive assistance with your child care expenses?  Yes  No  
If yes, from what agency? \_\_\_\_\_
4. Are there any drug or alcohol problems or history of addiction in the household?  
 Yes  No  
If yes, explain:
5. Are there any issues with domestic violence in your household?  
 Yes  No  
If yes, explain:

### **Parenting**

1. Are there any concerns you have about your children's behavior, education, diet, discipline, friends, medical needs or any other thing? \_\_\_\_\_
2. Have you or any service provider addressed these concerns with your child?  
 Yes  No  
If yes, explain: \_\_\_\_\_  
\_\_\_\_\_
4. Would you like you or your children to receive services from any of the following?  
 Children and Youth  Counseling  
 Head Start  
 Other \_\_\_\_\_

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### **Housing**

1. Have you ever owned a home before?  Yes  No
2. Are you interested in home ownership?  Yes  No
3. Do you have basic furnishings for your home? (i.e. beds, chairs, sofa)  
 Yes  No  
If no, what are your needs? \_\_\_\_\_  
\_\_\_\_\_

**Transportation**

1. Do you own a car?  Yes  No
2. Is car insurance, registration, and inspection up to date?  Yes  No
3. Have you had any major repairs (other than normal maintenance/accident repairs) costing over \$500 in the last six (6) months? Explain. \_\_\_\_\_

**You**

1. Who are the people you talk to when you are going through bad times? \_\_\_\_\_  
\_\_\_\_\_
2. What are your interests or hobbies? \_\_\_\_\_  
\_\_\_\_\_
3. How much time do you have to do the things you enjoy?  
\_\_\_\_\_  
\_\_\_\_\_
4. Please use this section to add any information about yourself, household, or situation you would like to share, but may not have been addressed in the questions above: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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5. List five (5) goals you would like to accomplish through the FSS program that would assist you in becoming self-sufficient:

- 1.
- 2.
- 3.
- 4.
- 5.

6. List any barriers that may prevent you from accomplishing the goals listed above.  
(Examples: childcare, transportation, interviewing skills, clothing, etc.)

- 1.
- 2.
- 3.
- 4.
- 5.

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Applicant Signature

Date

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**Needs Assessment**

Please check each item below considered to be either a personal goal and/or need.

Education

- GED
- Tech or Trade School
- Junior College
- Four year College
- Graduate School

Employment

- Job Readiness
- Job Training
- Job Search
- Part-Time Employment
- Full-Time Employment
- Vocational Assessment
- Career Planning/Exploration
- Career Advancement

Financial

- Debt Recovery: Recent  
Bankruptcy or Credit History
- Money Management and Budget
- Help with default student  
loans or incomplete student Grants request
- Homeownership

Legal

- Divorce
- Family Court
- Child Support
- Criminal Record History

Health

- Medical Insurance
- Dental Insurance & Dental Care
- Help with Depression
- Medical History
- Help with Children's Emotional  
Health or Learning Skills
- Alcoholism

Transportation

- No Driver's License
- Suspended License
- No Car
- Unreliable car/repairs
- Poor Driving Record
- No Insurance

Child Care

- Need Child Care
- Present Child Care Irregular
- Present Child Care Undependable
- Neighborhood Unsafe
- Older Child is Latchkey Child
- Need Day Care
- Need Head Start Placement
- Need After-school Care

Parenting Skills

- Discipline
- Homework help
- More Patience
- Want to be closer to Children

Personal Growth and Development Goal Setting

- Stress Management
- Time Management
- Problem Solving
- Crisis Control

- Organization Skills
- Decision Making
- Organization Skills
- Spiritual
- Self Esteem
- Physical Fitness

Other

\_\_\_\_\_