

Family Self Sufficiency Program

What does the Program Provide

- Help in setting your family's goals for the future
- Help in reaching those goals
- Connections to job enhancement skills
- Connections to family living skills
 - Budgeting
 - Parenting
 - Clearing up credit issues
 - An Escrow Account that will provide your family with the ability to buy a home, start a business, or what ever might contribute to your family's vision of self-sufficiency.

What is the Family's obligation

- Head of household who signs contract must seek, obtain and keep employment.
- Head of household must complete goals agreed to in the contract.
- By the end of 5-year contract *all family members must be off of cash public assistance for last 12 months of contract.*
- Complete a progress report twice yearly.
- Attend skill building classes twice yearly (to be determined individually)
- Maintain terms of Section-8 or Public Housing contract.
- Remain drug free.

How does it work?

- Family applies to the program (applications are available at Housing Authority office).
- Family has appointment with Family Self Sufficiency Coordinator and begins to determine goals.
- Second appointment family signs contract and agrees to ITSP (Individual Training and Services Plan).
- As the family's earned income increases so does their rent. The portion of the rent that the Housing Authority is no longer subsidizing is placed in an Escrow Account for the family.
- At the end of the 5 year contract the family receives the funds in the Escrow Account.

QUESTIONS? Contact Lisa 452-7631 EX 24

Family Self-Sufficiency Application Peninsula Housing Authority

DEMOGRAPHIC INFORMATION (PLEASE PRINT)

Applicant's Legal Name (Last, First, M)	SS#
Address (Street, City, State, Zip)	Home Phone #
	Work Phone #
Mailing Address (If different)	Message #
Emergency Contact (Name, address)	Phone #

EDUCATION

Highest School Grade Completed (circle one)	Presently enrolled in <input type="checkbox"/> High School GED <input type="checkbox"/> College courses <input type="checkbox"/> Vocational School <input type="checkbox"/> Apprentice Program (Describe) <hr/> <input type="checkbox"/> Other Training Program(s) <hr/>
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Have you ever been enrolled in a training or vocational course? Yes No
 If yes, list courses below indicating whether they were paid for from a public or private source, or both.
 Did you complete the courses? Yes No
 If no, please give a brief explanation as to why you did not complete the courses.

List Courses & Sponsoring Agency (if known)	Source of Funds		Number of Months in course	Attended From: To:	Course Completed	
	Public	Private			Yes (date)	No

IF YOU ARE EMPLOYED, LIST CURRENT JOB FIRST

Salary \$ _____ per week Salary \$ _____ per hour Hire date _____	Employer _____ Occupation _____
Hours: Part-Time _____ Full-Time _____	How long employed in this position? Years _____ Months _____

What are two or three problems that YOU are facing now? (Use reverse side if needed)

What are two or three problems currently faced by YOUR FAMILY? _____

What is an employment goal that you would like to work toward? _____

What does the word "Self-Sufficiency mean to you? _____

Do you require any accommodations for handicap accessibility? Yes No

If yes, what kind of accommodations do you need? _____

Do you need TDD/TDY access to our staff? Yes No

Signature (Please read and sign below)

I hereby certify and affirm under penalties of perjury that the above statements are true and correct. I understand that the Peninsula Housing Authority will verify the statements herein, and I have no objections to inquires being made.

WARNING!!! Section 1001 of Title 18 of the U.S. Code makes it a criminal offense to make willful false statements or misrepresentation to any department or agency of the U.S. as to any matter within its jurisdiction.

Signature _____

Date _____

The completion of the following information is optional.

Race (Use race listed below)

White, Caucasian Black American Indian Hispanic Asian Other

Birth Date: _____

For FSS Staff use only

Date and time application received _____

Date and time application reviewed _____

Select for FSS Yes No

Comments: _____

FAMILY SELF-SUFFICIENCY PERSONAL NEEDS ASSESSMENT

Date: _____

Name: _____

SPECIFIC NEEDS

Child Care: _____

Employment: _____

Transportation: _____

Other: _____

PARTICIPANT SIGNATURE

CASEWORKER SIGNATURE

PERSONAL NEEDS ASSESSMENT

Knowledge of Social Services Available

- What city services are you familiar with?
- What agencies are you or have you worked with in Social Services?
- For what purposes did you use these services?

Practicality of goals

- What plans are you making to achieve goals?
- Do you feel that you can achieve your goals if you follow certain steps?
- What steps do you or will you need to take to achieve your goals?

Available Support

- Do you have close friends, relatives, neighbors? (Receive help from social services?)
- How often do you talk with others about problems?
- What kind of problems?
- Do you find those you talk with helpful? Does it make you feel better?

Social Involvement

- Do you prefer being alone to being with others?

Interest in Activities

- Do you have hobbies or engage in sports or clubs?
- Do you attend classes or job search activities?

Employment/School/Training

IF UNEMPLOYED:

- How often do you look for work?
- What jobs can you do? Were you doing?
- How will you get the job/school/training that you want?

IF EMPLOYED

- Will your job be continuing?
- How do you get along with your boss?
- How often do you miss work? Why?
- Are there changes you would make in your employment situation?

IF IN SCHOOL

- Will you be continuing in school?
- How often do you miss school?
- How are your grades? (Passing or Failing?)
- What do you plan to do after leaving school?

Adequacy of Transportation

- What type of transportation do you use?
- Where can you get public transportation from where you live?
- Are you able to pay for the bus tickets, metro tickets, gasoline (whichever applies)?
- How do you get assistance in using transportation?

Adequacy of Personal Resources

- Do you have enough money for necessities?
- Do you receive financial assistance from family, friends, the city or federal government?
- Does your budget allow money for entertainment, insurance, loans, recreation?
- Do you often run out of money?

COMMENTS:

Peninsula Housing Authority Family Self Sufficiency Program

I, _____, hereby consent to allow the Peninsula Housing Authority Family Self-Sufficiency Program to freely disclose/exchange information with the following agencies:

- _____ Law Enforcement Agencies
- _____ Peninsula Behavior Health
- _____ Clallam County Shelter Providers
- _____ Dept. of Social and Health Services
- _____ Dept. of Children and Family Services
- _____ Olympic Community Action
- _____ Landlord/Property Managers _____
- _____ Consumer Credit Counseling Services
- _____ Family/Children Social Services (Head Start, First Step, etc.)
- _____ Healthy Families
- _____ Clallam County Health Dept.
- _____ P.U.D.
- _____ City of Port Angeles Utility Dept.
- _____ School District (specify) _____
- _____ Lutheran Social Services/ Parent Line
- _____ Other (specify) _____

I agree that any above agency initialed by me may disclose similar information to each other for the purpose of resource and referral and the coordination of services in the Family Self Sufficiency Program. I further acknowledge that the purpose of this release form is understood and that this consent is given of my own free will.

Signature of Client _____
Date _____

Signature of Client _____
Date _____

Signature of Witness _____
Date _____

PENINSULA HOUSING AUTHORITY
2603 South Francis Street, Port Angeles, WA 98362
Telephone (360) 452-7631 * Fax (360) 457-7001 * Email info@peninsulapha.org

CHANGE IN SITUATION

Applicant/Tenant Name _____

Please make these changes in my records:

Change of Name to _____ from _____

Change in Address

New address _____

City

State

Zip

Change in phone number. New number _____

Change in amount of income. Old _____ New _____

Change in source of income

Old _____

New _____

(If employed, give name, address and phone number.)

Add the following family members. Only children 17 and under can be added here. New family members 18 and above even if previously on the lease require regular application and screening.

Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

Remove the following family members:

Name _____ Birthdate _____ Relationship _____

Name _____ Birthdate _____ Relationship _____

Effective Date of Change(s): _____

Signature

Date

The Peninsula Housing Authority does not discriminate on the basis of race, color, national origin, religion, sex, disability or familial status in admission of access to its programs. If you need to request a reasonable accommodation, contact the PHA at (360) 452-7631