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)  

<table>
<thead>
<tr>
<th>Name:</th>
<th>Last 4 digits of SSN:</th>
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<tbody>
<tr>
<td>Address:</td>
<td>Apt./Unit:</td>
</tr>
<tr>
<td>City:</td>
<td>Zip Code:</td>
</tr>
<tr>
<td>Home Phone:</td>
<td>Cell Phone:</td>
</tr>
<tr>
<td>Email Address:</td>
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Best time to call:

If you are under age 18:

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?  ☐ Yes  ☐ No

3. Is anyone in your household receiving cash assistance (TANF)?  ☐ Yes  ☐ No

4. Are you willing and able to seek and maintain employment within the next 5 years?  ☐ Yes  ☐ No

5. Are any other family members employed?  ☐ Yes  ☐ No

If yes, please fill out the following information:

<table>
<thead>
<tr>
<th>Family Member</th>
<th>Employment</th>
<th>Rate of Pay</th>
<th>Per hour/week</th>
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<tr>
<td></td>
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<td>per __________</td>
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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)
___ Need a better job
___ Job training
___ Need more money to pay bills each month
___ Want to finish school
___ Need someone to take care of children (child care)
___ Need better transportation
___ Need to see a doctor for health problems
___ Need help being a better parent
___ Counseling
___ 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:
___ Health Department, doctor, clinic
___ Mental health center
___ Food pantry
___ Head Start for child(ren)
___ Job training program
___ Community college
___ Other (please list below)
___ Community action Agency or Community Services
___ Welfare Department
___ Alcohol or drug program
___ Children’s services program
___ Free meals program
___ Vocational/Tech school
___ Shelters
10. Do you speak English?  
   Yes ☐ No ☐  
   If no, what language(s) do you speak? 

11. Do other family members speak English?  
   Yes ☐ 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)?  
   Yes ☐ No ☐ 

14. Do you now work with one person or a case manager who helps you and your family find the services you need?  
   Yes ☐ 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?  
   Yes ☐ 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:  
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
________________________________________________________________________________________
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FOR FSS OFFICE USE

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<tr>
<th>notification</th>
<th>Recertification Month:</th>
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<tbody>
<tr>
<td>Applicant in good standing with LHAND</td>
<td>Yes ☐ No ☐ Random Assignment (y/n):</td>
</tr>
<tr>
<td>FSS Coordinator Initials:</td>
<td>Date:</td>
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