

**St. Cloud Housing and Redevelopment Authority
1225 W St. Germain Street
St. Cloud, MN 56301**

**FAMILY SELF-SUFFICIENCY PROGRAM
APPLICATION AND ASSESSMENT FORM**

PURPOSE: To work with your family to begin to develop a personal plan for self-sufficiency based on identifying goals and barriers. Information will be used to make appropriate referrals.

Name _____ Date _____

Address _____ Phone _____

_____ Email _____

Address _____ Apt # _____ Zip _____

Marital Status (<i>CIRCLE ONE</i>)	
1. Single	4. Widowed
2. Married	5. Divorced
3. Separated	6. Married, Absent Spouse

Education (<i>CIRCLE HIGHEST LEVEL ACHIEVED</i>)	
1. Elementary	5. Post High School
2. High School	6. College Graduate
3. HS Graduate	7. Other (specify)
4. GED	_____

Are you a Veteran? YES NO

Starting with yourself, list each person who lives or will be living with you.

Name (First & Last)	Relationship	F/M	Birthdate	Age
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				

TRANSPORTATION

PURPOSE: To determine the degree of mobility you have based on available and ability to use it.
(*CIRCLE ONE ANSWER FOR EACH QUESTION*) Do you have car insurance? YES NO

Do you have a driver's license? YES NO Do you own a working car? YES NO

If you do not have a driver's license, do you want this to be part of your goals? YES NO

<p>How would you rate the transportation services you have in your life? Excellent = 4 points Fair = 2 points Good = 3 points Poor = 1 point Available when needed _____ Reliable _____ Affordable _____</p>
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<p>Generally, how do you get where you need to go? WALK BIKE BUS TAXI CARPOOL DRIVE Has lack of transportation prevented you from maintaining employment? YES NO</p>
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SUPPORT SYSTEM

PURPOSE: To determine who can assist you when problems occur.

- Who do you go to for help when you are having problems? _____

- Do you receive help from social service agencies? _____
- Do you have a social worker or therapist? _____

4. Are any of your children in the care of someone else? (circle one) YES NO
 If yes, please explain the circumstances of your arrangement: _____

5. Who do you contact when you have an emergency? Name: _____
 Relationship: _____ Address: _____
 Apt. #: _____ City: _____ State: _____ Zip: _____ Phone: ____-____-____

SOCIAL ACTIVITY/RECREATION

Purpose: To determine the degree to which you are involved in recreational or social activities and interaction with others. How you use your free time.

What do you do when you are not in school or working? If not in school/training/working, how do you spend your days? _____

CURRENT STATUS

Purpose: To determine your current needs besides housing.

Other than housing, what needs do you currently have? (MARK WITH "X" ALL THAT APPLY)

Help managing money Finish school Childcare Better job

Better transportation Job training Counseling Other _____

Circle the types of help that you have applied for: MMA MFIP GA MSA Emergency
 Assistance Energy Assistance

Tell us about a couple of the biggest problems that YOU are facing now: _____

Tell us about a couple of the biggest problems that YOUR FAMILY is facing now: _____

CHILD CARE/DEPENDENT CARE

Purpose: To determine if those under your care are receiving the services needed.

Do you currently have child care services? YES NO Do you need child care services? YES NO

Do you receive child care vouchers? YES NO Do you need after-school care? YES NO

List the weekly expense of dependent care: \$ _____

Dependent's First & Last Name	Age	Day Care and/or School
1.		
2.		
3.		
4.		
5.		
6.		

Is any household member handicapped or disabled? YES NO If yes, give name and type of additional support services needed: _____

EMPLOYMENT HISTORY

Purpose: To determine your experience in the work environment. Include any job related to the military service or volunteer activities.

Current Employment

Name and Address of Employer: _____
Date of Hire: _____ Name/Type of Position: _____ Duties: _____

Last Employment

Name and Address of Employer: _____
Date of Hire: _____ Monthly rate of pay: _____ Name/Type of Position: _____
Duties: _____ End Date: _____
Reason for leaving: _____

Previous Employment

Employer and/or Type of Work

Approximate time worked: _____

Other Employment

Employer and/or Type of Work

Approximate time worked: _____

Which job did you like the most? Why? _____
Which job did you like the least? Why? _____
If you could have any job you wanted, what would you chose? _____

When do you prefer to work: 1st shift 2nd shift 3rd shift Other/specify _____
Have you participated in any job training classes? YES NO Do you have a resume? YES NO
Do you want job training classes? YES NO In what? _____
Do you have obstacles to working now? YES NO If yes, what? _____

GOALS

What changes do you want to see in your life 3 months from now?
1. _____
2. _____
3. _____

What changes do you want to see in your life in a year from now?
1. _____
2. _____
3. _____

What changes do you want to see in your life 5 years from now?
1. _____
2. _____
3. _____

Name 3 strengths:
1. _____
2. _____
3. _____

Give examples of how you utilize your strengths. _____

Participant Signature: _____ Date: _____

Participant Signature: _____ Date: _____

Coordinator Signature: _____ Date: _____