

East Providence Housing Authority

Family Self Sufficiency Program

APPLICATION

NAME: _____ DATE: _____
 ADDRESS: _____
 PHONE: _____ Email: _____

1. Please list all family and household members living with you.

Name of Family Member	Relationship to Head of Household	AGE	SEX	Ethnicity*
	HoH			

*Ethnic groups include: White, African American, Hispanic, Latino, American Indian Alaskan Native, Asian/Pacific Islander, and Other.

2. Are **you** (Head of Household) employed? **YES / NO**
Full-time /part-time (circle one)

If yes, list your job and rate of pay:

Employer: _____ **Type of Work:** _____
Approximate Starting Date: _____ **Wages:** \$ _____ per month.

Do you receive the following benefits through your employer? (Circle all that apply)
Medical Dental Retirement

If unemployed, what type of income do you receive? (CIRCLE)

WELFARE SSI UNEMPLOYMENT WORKERS COMP. CHILD SUPPORT
OTHER: _____

Are any other family members employed? **YES/NO**

Do the other adults in the household wish to participate in the FSS Program? **YES/NO**

3. What is the highest level of education completed? (circle)

Grade School

Some High School: 9 10 11 12

HS Diploma

GED

Some College: 1 2 3 4 **What Curriculum & School?** _____

College Degree: Certificate Associate's Bachelor's Master's

Are you currently enrolled in a GED Program? **YES/NO**

If so, what tests have you taken and passed?

Reading Math Writing Science Social Studies

Other Training/Certification:_____When?_____

Have you ever volunteered? **YES/NO**

If yes, where? _____

4. Please check any items below that you consider a current need.

(Check as many as apply)

- | | |
|----------------------------------|---------------------------------------|
| ___Need a better job | ___Need better transportation |
| ___Need childcare | ___Need health care/ health insurance |
| ___Need more income to pay bills | ___Need parenting help |
| ___Want to start/finish school | ___Counseling |
| ___Need food/heating assistance | ___Need money management/ credit help |
| ___Want job training | ___Need legal assistance |

List any other services, goals and other needs you may have:

5. Please check the agencies where you have visited or received services in the last 6 months.

- | | |
|------------------------------------|-------------------------------|
| ___Health Dept., doctor, or clinic | ___Community action agency |
| ___Job training program | ___Welfare department |
| ___Mental health clinic | ___Alcohol or drug program |
| ___Food pantry | ___Child care /DHS |
| ___Community College | ___Vocational/Tech. School |
| ___Shelters | ___Children services programs |

___Other

___None of the above

List Other: _____

6. What is your primary language? **English** **Portuguese** **Spanish** **Other**_____

7. Do you need help finding someone to watch your children (childcare) if you get a job or start school? **YES/NO**

8. Do you have a driver's license? **YES/NO**

Do you have your own vehicle? **YES/NO**

Do you have access to a vehicle? **YES/NO**

Do you rely on public transportation? **YES/NO**

9. Do you now work with a welfare case manager, counselor or church member who helps you find services? **YES/NO**

IF yes, please list person's name: _____

What agency does she/he work for: _____

10. Explain why you would like to join the FSS program What do you expect to gain from this program?

11. What are the biggest problems/barriers that **YOU and your FAMILY** are facing now?

12. What **goals** do you want reach over the next 5 years?

Signature_____ Date_____

Please RETURN TO:

Jennifer Brightman
Family Self-Sufficiency Coordinator
East Providence Housing Authority
99 Goldsmith Avenue
East Providence, RI 02914

401-434-7645 ext. 108

Don't staple the pages of this application together!

1. Some providers *scan* the application, and if you staple, that means removing staples from 1000 applications every week or month.
2. If you include a letter, don't staple that either: providers need to quickly get to your waitlist data and your cover page just gets in the way.

Use #10 double window envelopes. Fold on the line, and addresses will fit in the windows.

Dear

I am applying to the following waitlist, which I believe is open:

App Generated:

Housing Authority or Management Office Only

Is this waitlist closed? Any other questions or concerns? *Fill in the appropriate circle(s) below and fax this page to HousingWorks at the number below – and we will correct the problem. Hundreds of thousands of applicants check our free website to see what lists are open! Keeping us updated will save you many phone calls, reduces frivolous applications - and takes only 10 minutes a year.*

☐ **This particular waitlist is closed: The only open waitlists we have at present are:**

☐ **This is not the correct application. The correct application is available by/from:**

☐ **Any other info you wish to tell HousingWorks?**

Your position or title at this housing program: _____

Your signature: _____

HousingWorks Fax: **617-536-8516**



○	Head of Household's FIRST Name
	Head of Household's MIDDLE Name
	Head of Household's LAST Name

HoH's SOCIAL SECURITY NUMBER	GENDER	HoH's DATE OF BIRTH
○	○	○

ETHNICITY Also provide your race at right!	RACE: Asian , Black, White, Native American, Pacific Islander, Multi-racial Do <u>NOT</u> write Spanish, Hispanic, Latino here – and do <u>NOT</u> write your country!
○	○

○ YOUR MOTHER'S MAIDEN NAME

YOUR HOME TELEPHONE	SECOND TELEPHONE
○	
YOUR EMAIL ADDRESS	
○	

CURRENT ADDRESS <u>OR</u> LONG-TERM CONTACT ADDRESS
This is:
○
○

SECOND CONTACT ADDRESS
This is:
○
○

TOTAL HOUSEHOLD SIZE	# BEDROOMS	How much money does your family receive in a year?
○ # Adults # Children Total #	○	○ .0 0

INCOME SOURCES
○

MOBILE RENTAL ASSISTANCE, if any
○

REQUESTED ACCOMMODATIONS
○

SPECIAL CIRCUMSTANCES THAT <u>SOME</u> PROGRAMS MAY USE TO ASSIGN PRIORITY OR PREFERENCE
○

(OPTIONAL)

PARTICIPANT'S NAME:

Participant Program Access Assessment Intake Form

Assessment question #1: Some people have difficulty completing tasks in their daily living because of physical, mental or emotional conditions. Which of the following tasks, if any, are **difficult** for you to accomplish **on your own** in your daily life because of an underlying condition?

Question #1: Please Check (U) All That Apply			
<input type="checkbox"/>	Physical tasks like walking or sitting	<input type="checkbox"/>	Understanding directions
<input type="checkbox"/>	Hearing/understanding spoken words	<input type="checkbox"/>	Staying focused or keeping on track
<input type="checkbox"/>	Reading newspaper sized print	<input type="checkbox"/>	Managing a schedule
<input type="checkbox"/>	Seeing faces across the room	<input type="checkbox"/>	Making decisions
<input type="checkbox"/>	Breathing (due to allergies, etc.)	<input type="checkbox"/>	Remembering things
<input type="checkbox"/>	Speaking	<input type="checkbox"/>	Dealing with relationships
<input type="checkbox"/>	Holding a pen or typing	<input type="checkbox"/>	Other
<input type="checkbox"/>	Expressing yourself on paper	<input type="checkbox"/>	None of the above

Assessment question #2: In this program, you will need to understand and complete required paperwork, attend required meetings and complete assigned activities. If you need assistance with any program related activities because of a physical, mental or emotional condition, please indicate all of the types of assistance that you require.

Question #2: Please Check(U) All Needed Accommodation			
<input type="checkbox"/>	Wheelchair accessible facilities	<input type="checkbox"/>	Flexibility because of chronic fatigue
<input type="checkbox"/>	Special seating arrangements	<input type="checkbox"/>	Audio-taped materials
<input type="checkbox"/>	Sign language interpreting	<input type="checkbox"/>	Personal coaching
<input type="checkbox"/>	Materials in Braille	<input type="checkbox"/>	Meeting reminders
<input type="checkbox"/>	Materials in large print	<input type="checkbox"/>	Note-takers for regular meetings
<input type="checkbox"/>	Scent free environment	<input type="checkbox"/>	Special considerations for medication
<input type="checkbox"/>	Materials on disk	<input type="checkbox"/>	Other
<input type="checkbox"/>	Assistance with writing	<input type="checkbox"/>	None of the above

If you need assistance or accommodation at any time in the course of the program, please inform FSS Coordinator, Jennifer Brightman (401) 434-7645 ext. 108. She will discuss how best to provide you with the assistance you need.