Central Falls Housing Authority

Family Self Sufficiency Program

ONLINE APPLICATION

FSS PROGRAM		
FSS Coordinator	Leslie Estrada	TEL: 401-519-6583
EMAIL:	Lesliee@cfhousing.org	
DATE OF APPLICATION:		

PERSONAL INFORMATION

PARTICIPANT INFORMATION				
PARTICIPANT NAME				
ADDRESS				
CITY		STATE		ZIP CODE:
U.S CITIZEN	YES/NO	PERMANENT RESIDENT	YES/NO	USCIS NUMBER:
CONTACT TELEHONE #				
CONTACT EMAIL				
DATE OF BIRTH:				
MARITAL STATUS	SINGLE MARRIED SEPERATED DIVORCED WIDOWED			
RACE	White-Non-Hispanic Black Native American Hispanic Asian/Pacific Islander Other (explain):			
Have you been previously in an FSS Program?	YES/NO Where:			
Dates Enrolled in FSS Program?	Initial Date: End Date:			
How many children under 18?				
How many children over 18?				

EDUCATIONAL HISTORY	
Did you graduate High School?	YES/NO
Did you obtain a GED?	YES/NO
Do you have a training or certificate?	YES/NO
Have you attended College/University?	YES/NO

CURRENT EMPLOYMENT INFORMATION				
CURRENT/RECENT EMPLOYER				
Address				
City		State:		Zip Code:
Position Held				
Hours Worked		Wage Per Hour	Full-Time	Part-Time
Start Date		End Date	Reason for Termination:	
Supervisor Name:			TEL:	
Contact Email:				

PLEASE CHECK OFF IF YOU RECEIVE ANY OF THE BENEFITS LISTED BELOW

GOVERNMENT ASSISTANCE			
NAME OF AGENCY	YES	NO	AMOUNT $
AFDC			
DHS- Daycare			
Medical Assistance/Medicaid			
SNAP Benefits			
TANF-Income Assistance			

SUPPORT SERVICES REQUIRED

If you were selected to participate in the FSS Program, what services would you need to be successful?

_____ Basic Education _____ Budget/Finances _____Child Care _____ Career Counseling

_____ Drug/Alcohol Rehabilitation _____GED Assistance _____ Higher Education _____ Job Training

____ Job Search _____ Job Placement _____ Job Preparedness _____ Job Interview Preparedness

_____ Medical Assistance _____ Nutrition _____ Social Anxiety _____ Transportation Assistance

_____ Other Explain:

Would you like to return to school?

What is your dream job?

Can you attend required monthly meetings?

Can you attend the minimum of three workshops per year?

_____ _____

APPLICANT NAME DATE: