

**ALLEGHENY COUNTY HOUSING AUTHORITY**  
**625 Stanwix Street, 12<sup>th</sup> Floor**  
**Pittsburgh, PA 15222**

<b>V#</b>	<b>Date</b>
_____	_____
_____	_____
_____	_____

<b>Client#</b>
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**FAMILY SELF-SUFFICIENCY**  
**Application and Assessment Form**

**Purpose:** This assessment form is a tool to help you identify goals and barriers to becoming self-sufficient. This form will also be used to identify areas in which community resources could be beneficial and therefore, the Family Self-Sufficiency worker can provide appropriate referrals.

**Applicant Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Apt. #** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Phone Number: (home)** \_\_\_\_\_ **(work)** \_\_\_\_\_ **(other)** \_\_\_\_\_

*\*Home number is the primary number needed; other numbers are helpful if you do not have a telephone at home.*

**Please circle one in each category that applies.**

**Marital Status:**

- 1. Single
- 2. Married
- 3. Separated
- 4. Widowed
- 5. Divorced

**Race:**

- 1. White
- 2. Black
- 3. Hispanic
- 4. Asian
- 5. Other

List everyone living in your home including yourself: (If additional lines are needed, please use the back of this page.)

**NAME (First & Last)                      RELATIONSHIP    SEX            DATE OF BIRTH                      AGE**

<b>NAME (First &amp; Last)</b>	<b>RELATIONSHIP</b>	<b>SEX</b>	<b>DATE OF BIRTH</b>	<b>AGE</b>
	<b>SELF</b>			

**CHILDCARE**

1. Do you currently receive childcare from TANF or any other agency? **Yes** \_\_\_\_ **No** \_\_\_\_

2. If you answered **Yes** to number 1, specify: \_\_\_\_\_

3. Where does your child attend daycare? \_\_\_\_\_

4. If you answered **NO** to number 1, do you need help with child care. **Yes** \_\_\_\_ **No** \_\_\_\_

**SOCIAL SYSTEM**

1. Do you or anyone in your household receive any services of any type from any social service agency?  
**Yes** \_\_\_\_ **No** \_\_\_\_

**AGENCY/PROGRAM**

**SERVICE PROVIDED**

1.

2.

3.

## HEALTH

1. Do you have health benefits or medical coverage for your children? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you receive medicaid (medical card from the county)?  
children: \_\_\_\_\_ self: \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
3. Do you receive C.H.I.P. (Children's Health Insurance Program)? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Is your child/ren up to date with their immunization (childhood shots)? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Are you or anyone in your household **currently** receiving treatment from a counselor or therapist? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Do you feel you or anyone in your household is in of substance abuse treatment?  
*If "yes" who is in need? \_\_\_\_\_ Relationship? \_\_\_\_\_* Yes \_\_\_\_\_ No \_\_\_\_\_
7. Are you **currently** in an abusive relationship? Yes \_\_\_\_\_ No \_\_\_\_\_

## BUDGETING

1. Do you receive Foodstamps? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you feel you have enough money to minimally provide basic needs (food, clothing, and shelter)?  
Yes \_\_\_\_\_ No \_\_\_\_\_

*If "no", please explain briefly why you are not financially able to meet these needs.*

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## TRANSPORTATION

1. Do you have a valid driver's license? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Do you have your own transportation? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Are you able to use public transportation (PATs service)? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Do you feel transportation is a problem which prevents you from becoming more self sufficient? Yes \_\_\_\_\_ No \_\_\_\_\_

**HOUSING**

- 1. How long have you lived ,at your current address? Years \_\_\_\_\_ Months \_\_\_\_\_
- 2. How much rent do **you** pay? \$ \_\_\_\_\_
- 3. Do you pay any utilities? Yes \_\_\_\_\_ No \_\_\_\_\_  
**Gas \_\_\_\_\_ Electric \_\_\_\_\_ Water \_\_\_\_\_ Sewage \_\_\_\_\_ (check all that apply)**

**SCHOOL/TRAINING**

- 1. What was the last grade you completed in **High School**? \_\_\_\_\_
- 2. Do you have your high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\*\*\* If "YES" what School did you graduate from? \_\_\_\_\_**
- 3. Do you have your GED? (*only indicate n/a if you have your diploma*) Yes \_\_\_\_\_ No \_\_\_\_\_  
**\*\*\*\*If "NO"; are you interested in receiving your GED? Yes \_\_\_\_\_ No \_\_\_\_\_**

4. Briefly describe any vocational training, skills, licenses or any other education beyond high school.  
\_\_\_\_\_

5. Are you currently enrolled in any educational or training programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If "yes"; please provide the name of the school attending, the type of program and anticipated length of the program***  
\_\_\_\_\_  
\_\_\_\_\_

6. Are you **interested** in any educational or training programs? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If "yes"; please indicate what training or educational program/s you are interested in.***  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT**

1. Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_  
     **full time** \_\_\_\_\_ **part time** \_\_\_\_\_

2. Are you satisfied with your job? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If "no" please describe why you are dissatisfied with your position and what type of employment you would like to have?**

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3. Are you currently looking for employment? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Please describe your current job and previous job by completing the grid below. [Start with the most recent.]

EMPLOYER'S NAME	POSITION HELD	HOW LONG	REASON FOR LEAVING
1.			<b>Current Job</b>
2.			<b>Most recent job or prior to current job</b>

**THE END!!!! [ PLEASE SIGN THE NEXT PAGE] THANK YOU!!**



