

City of Pine Bluff Housing Authority, Housing Division  
Family Self-Sufficiency Program

\_\_\_\_\_  
Date of Assessment

\_\_\_\_\_  
Name of FSS Case Manager

\_\_\_\_\_  
Participant's Name

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address/Unit #

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Age

\_\_\_\_\_  
City/State/Zip Code

\_\_\_\_\_  
Home Phone Number

\_\_\_\_\_  
Mailing Address/City/State/Zip Code

\_\_\_\_\_  
Alternate Phone Number

Marital Status: ☐ Single ☐ Married ☐ Divorced  
☐ Widow ☐ Lives with other adult

Dependent(s) Status: ☐ None ☐ Has children  
☐ Cares for adult member

Ethnicity: \_\_\_\_\_

#	QUESTION TO PARTICIPANT	RESPONSE	COMMENTS
<b>CATEGORY: Basic Needs/ Resources</b>			
	Are you currently working with other community programs or agencies?	Yes No N/A Other	
	Have you worked with other community programs or agencies in the past? Who, when, where, results?	Yes No N/A Other	
	Do you have immediate needs? - Food - Heating/ Utilities - Transportation - Crisis Prevention	Yes No N/A Other	
	Are you or any member of your family receiving? - TANF - Food Stamps - Medicaid - Medicaid w/ a spend down - WIC - Day Care - CAP/Fuel Asst - Unemployment Insurance - Worker's Comp - Social Security - Supplemental Security Income (SSI) - Federal Earned Income Tax Credit	Yes No N/A Other	
	Other needs? - medical/dental - clothing	Yes No N/A Other	

CATEGORY: Career/ Skills Assessment					
Have you had a career assessment done within the last year?	Yes	No	N/A	Other	name of test
If so, when and what agency provided it?	Yes	No	N/A	Other	
Will you be able to secure a copy of your test results for your file?	Yes	No	N/A	Other	
What were the results of your career assessment?	Yes	No	N/A	Other	
Have you ever had career counseling?	Yes	No	N/A	Other	
Are you interested in career counseling?	Yes	No	N/A	Other	
Other notes about career assessment and counseling?					
CATEGORY: Disabled/ Special Needs					
Do you have a disability, health, or special needs condition?	Yes	No	N/A	Other	
Is it possible to get a doctor's certification of your condition?	Yes	No	N/A	Other	
Will you be able to secure an Authorization to Release Information from your doctor (FSS form) and have it returned to my office?	Yes	No	N/A	Other	
What is your doctor's contact information? Name, phone #, address.					
Does your condition interfere with your ability to work? (Do you have a disability that interferes with your ability to work?)	Yes	No	N/A	Other	
Does your condition interfere with your ability to achieve your goals for school?	Yes	No	N/A	Other	
What type of reasonable accommodations do you need?	Yes	No	N/A	Other	
Other Notes on Disability?					
CATEGORY: Education					
Have you been able to secure your high school diploma (H/S or GED)?	Yes	No	N/A	Other	When:
What is the highest grade you completed?	Yes	No	N/A	Other	
If you answered no to the above, would you like to make getting it one of the goals in your training plan?	Yes	No	N/A	Other	
Are you currently enrolled in a GED or High School diploma program?	Yes	No	N/A	Other	
Have you taken an ESL class?	Yes	No	N/A	Other	
Do you feel you need another class?	Yes	No	N/A	Other	

Are you currently enrolled in a Post Secondary education program?	Yes No N/A Other	
Do you need additional Post Secondary education?	Yes No N/A Other	
Do you plan to return to school or individual classes?	Yes No N/A Other	
For what would you like to return?		
Other notes about education?		
<b>CATEGORY: Military</b>		
Have you ever served in the Military?	Yes No N/A Other	
Branch and dates of service?		
Have you ever served on active duty for purposes other than training?	Yes No N/A Other	
Are you a veteran?	Yes No N/A Other	
Discharge? - Honorable - Under Honorable Conditions - Under Other than Honorable	Yes No N/A Other	
Do you have any medical problems from serving in the military?	Yes No N/A Other	
Other notes about military?		
<b>CATEGORY: Employment</b>		
Are you employed?	Full Part Self Not	
In what field?		
If not, for how long and why?		
Are you satisfied with your current job?	Yes No N/A Other	
How long have you been employed there?		
How many jobs have you had in the past two years?		
Are you looking for a different job?	Yes No N/A Other	
What was your favorite job and why?		
What are some skills you've developed from previous (current) employment?		
Do you have certification in a specialized career field, trade, or vocation?	Yes No N/A Other	

Regarding the previous question: what is your certification in; where and when did you complete the training? Does your certification have an expiration date? <b>*Secure documentation for file.</b>	Yes No N/A Other	
Do you feel your work skills are at a promotional level for other employment opportunities?	Yes No N/A Other	
If not, what do you think is needed to get promoted?	Yes No N/A Other	
Do you want or plan to return to school to improve your employment opportunities?	Yes No N/A Other	
Do you need vocational or other job training services?	Yes No N/A Other	
Are you currently receiving assistance with job service or job placement?	Yes No N/A Other	
Do you need assistance with job search or job placement activities?	Yes No N/A Other	
Do you have a current resume?	Yes No N/A Other	
Do you want a resume?	Yes No N/A Other	
Do you think you could benefit from counseling in job retention?	Yes No N/A Other	
Do you have a supervisor who will give you a good recommendation?	Yes No N/A Other	
Do you own or need a computer?	Own Need N/A Other	
Describe your computer skills and programs you are familiar with		
Do you have a career goal?	Yes No	
If yes expand:		
Other notes about work?		
<b>CATEGORY: Family Household Members</b>		
How many and who are the members in your household?	Yes No N/A Other	
Would any of the members in your household over the age of 18 and on the lease be interested in participating in FSS?	Yes No N/A Other	
Do you currently have reliable child care?	Yes No N/A Other	
Do you have back-up childcare?	Yes No N/A Other	
How many of your children need child care?	Yes No N/A Other	
Does one or more of your children have a disability that interferes with your ability to work?	Yes No N/A Other	



Does one or more of your children have a behavior problem or issue that interferes with your ability to work?	Yes	No	N/A	Other	
Do you need assistance with childcare for your children in the summer?	Yes	No	N/A	Other	
Do you receive child support consistently?	Yes	No	N/A	Other	
Do you get your child support through the Support Collection Unit?	Yes	No	N/A	Other	
Other notes about children					

CATEGORY: Financial/ Credit Needs					
Do you have a checking account?	Yes	No	N/A	Other	
Do you have a savings account?	Yes	No	N/A	Other	
What are your spending patterns?					
Do you often run out of money? If yes, what do you do when this happens?	Yes	No	N/A	Other	
Do you buy mostly with cash or credit?	Cash	Credit			
Do you have money to go to school to improve your future employability skills?	Yes	No	N/A	Other	
Describe your credit history.	Good	Bad	N/A	Other	
Have you ever received services from a credit counseling agency?	Yes	No	N/A	Other	
Have you ever attended budget management workshops?	Yes	No	N/A	Other	
Have you ever filed for bankruptcy? When?	Yes	No	N/A	Other	
Would you like to learn to set up a budget?	Yes	No	N/A	Other	
Have you ever requested a credit report?	Yes	No	N/A	Other	
Other notes on financial planning					

### **Self Sufficiency Index for Financial Independence**

What is your family's total annual income? \$ \_\_\_\_\_ Monthly? \$ \_\_\_\_\_

How much is earned through employment? Annual gross \$ \_\_\_\_\_ Monthly net \$ \_\_\_\_\_

How much of this income is unearned and from what sources? (see below)

Sources	Monthly Amt.	Sources	Monthly Amt.
Unemployment		SSDI (for _____)	
Child Support/Alimony		WIC	
Food Stamps		Work-Study	
TANF		Educational Scholarships	
Social Security (for _____)		Other ( _____ )	
SSI (for _____)			

Did you receive the Earned Income Tax Credit (EITC)? \_\_\_\_ Yes \_\_\_\_ No

Are you receiving:

Health Ins.? Company \_\_\_\_\_; \_\_\_\_ family \_\_\_\_ children only \_\_\_\_ participant only

What do you pay for childcare? \$ \_\_\_\_\_ /week \$ \_\_\_\_\_ /month

Have you ever applied for child support? \_\_\_\_ Yes \_\_\_\_ No Status: \_\_\_\_\_

Do you work by a budget? \_\_\_\_ Yes \_\_\_\_ No

Debts that need to be paid			Monthly Budget		
Credit Cards:	Amount	Repayment Plan	Bills	Amount \$	Are you current?
			Rent		
			Electric		
			Gas		
			Water		
Educational Loans:	Amount	Repayment Plan	Phone/Cell		
			Cable		
			Credit Cards		
			Car/Other trans.		
			Food		
Other:	Amount	Repayment Plan	Clothing		
			Childcare		
			Laundry		
Court Judgments			Internet		
Damage Claim			Medications		
			Tobacco/Alcohol		
Security Deposit Loan			<b>Total Bills</b>	\$	
Loan from Family/Friends			<b>Total Net Income</b>	\$	

CATEGORY: Goals/Life Coping Skills/Personal																												
Is Homeownership one of your goals?	Yes	No	N/A	Other																								
Do you want counseling in Homeownership?	Yes	No	N/A	Other																								
Do you have a support structure in place for yourself?	Yes	No	N/A	Other																								
Are you involved in any outside activities?	Yes	No	N/A	Other																								
Would you like assistance with the following: (Circle) <table border="0" style="width: 100%;"> <tr> <td>Credit Counseling</td> <td>Home Ownership</td> <td>Budget Counseling</td> </tr> <tr> <td>Time Management</td> <td>Stress Management</td> <td>Violence Prevention</td> </tr> <tr> <td>Workplace violence</td> <td>Parenting</td> <td>Depression/Anxiety</td> </tr> <tr> <td>Gang Violence</td> <td>Self-Esteem Development</td> <td>Other:</td> </tr> </table>					Credit Counseling	Home Ownership	Budget Counseling	Time Management	Stress Management	Violence Prevention	Workplace violence	Parenting	Depression/Anxiety	Gang Violence	Self-Esteem Development	Other:												
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Have you ever received or felt like you could have benefited from counseling in the past? Indicate below <table border="0" style="width: 100%;"> <tr> <td>- Medical</td> <td>- Domestic violence</td> </tr> <tr> <td>- Health</td> <td>- Life threatening disease</td> </tr> <tr> <td>- Depression</td> <td>- Family Problems</td> </tr> <tr> <td>- Drug</td> <td>- Mental Illness</td> </tr> <tr> <td>- Alcohol</td> <td>- Stress</td> </tr> <tr> <td>- Other:</td> <td></td> </tr> </table>		- Medical	- Domestic violence	- Health	- Life threatening disease	- Depression	- Family Problems	- Drug	- Mental Illness	- Alcohol	- Stress	- Other:		Are you receiving or do you feel like you could benefit from counseling now? Indicate below <table border="0" style="width: 100%;"> <tr> <td>- Medical</td> <td>- Domestic violence</td> </tr> <tr> <td>- Health</td> <td>- Life threatening disease</td> </tr> <tr> <td>- Depression</td> <td>- Family Problems</td> </tr> <tr> <td>- Drug</td> <td>- Mental Illness</td> </tr> <tr> <td>- Alcohol</td> <td>- Stress</td> </tr> <tr> <td>- Other</td> <td></td> </tr> </table>			- Medical	- Domestic violence	- Health	- Life threatening disease	- Depression	- Family Problems	- Drug	- Mental Illness	- Alcohol	- Stress	- Other	
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Are you in an abusive situation of any type (drug, alcohol, physical, emotional, etc.) and want help?	Yes	No	N/A	Other																								
Do you have any type of criminal history: misdemeanors, felonies, warrants, probation?	Yes	No	N/A	Other																								
Other notes about counseling?																												

Signature \_\_\_\_\_

Date \_\_\_\_\_

**Assessment Summary**  
(Completed by PBHA FSS Counselor)

**Skills/Training History/Outlook:**

Type of position wanted, hours, salary, special areas of interest, skills.

**What do you want to accomplish over the next five years?**

Employment, education, financial.

**Skills/Training Assessment:**

Feasibility assessment, positive and negative impacts/barriers. Identify applicant's employability (emotional readiness, education, marketability).

**Identify short-term barriers, most pressing needs and identify possible obstacles:**

(example: unable to maintain employment for long periods of time, giving up or dropping out of school).