Family Self-Sufficiency Assessment

Please fill out as much as you can and send to LCHA. Attached is an envelope. If you are concerned about a question you may leave it blank until we meet.

Date: _____

Name: _____
Address: _____

_____

Phone: _____
E-mail Address: _____
Best times to call: _____
Does any family member need special assistance due to disability? What is needed?

_____

Household Members: ***optional**

Name	Relationship	Date of Birth	Age	Race *	Hispanic/ NonHisp. *
	Self (HOH)				

Education: **Circle last Year Completed:** **Grade 6 7 8 9 10 11 12 13 14 15 16 +**

High School, College, Business, or Trade School	Major	From M/Y	To M/Y	Degree / Certificate

Recent Employment Experience:

Job Title	Employer	From M/Y	To M/Y	Wages

Check all that apply to you:

What services are you now receiving?

❑ Food Stamps	❑ Support Group	❑ Head Start
❑ Medical Card	❑ Child Welfare Services DCFS	❑ Social Security
❑ TANF	❑ Job Services	❑ Counseling
❑ General Assistance	❑ Domestic Violence Services	❑ Other _____

Transportation:

❑ I have a running vehicle. ❑ I use public transportation.	❑ I have a valid license. ❑ I get rides from friends.	❑ I have car insurance.

Child Care:

❑ I need day care for my children in order to work.	❑ My children have special needs. (describe below)	❑ I need after school care for my children.

Special Needs: _____

Medical Issues:

Are there any health issues your family is facing? If so what? _____

❑ We have health insurance coverage.

Substance Abuse:

❑ I'm interested in getting substance abuse treatment or preventative care.

Support System:

What do you do when you need help? _____

How do you relieve stress? _____

❑ I have close friends and family to turn to for support.

❑ I would like to have a support group.

Financial Situation:

❑ I have a checking account. ❑ I have a savings account. ❑ I've been turned down for a savings or checking account.	❑ I have a written budget. ❑ I overspend. ❑ I owe a lot money. ❑ I use credit cards.	❑ I have a poor credit rating. How much monthly income do you think you need to be self-sufficient? $_____

Communication Skills:

The primary language spoken in my home is: ❑ English ❑ Spanish ❑ Other	❑ I would like to take classes in English as a Second Language. ❑ I would like to improve my reading skills.	❑ I would like to improve my verbal communication skills. ❑ I would like to improve my writing skills

Interests and Community Involvement:

❑ I'm involved in my kids schools. ❑ I'm involved in my church. ❑ I like to do arts and crafts. ❑ I attend sporting events. ❑ Other:_____	❑ I'm a music fan. ❑ I do volunteer work. ❑ I'm involved with a support group. ❑ I'm involved with my children's friends and family.	❑ I like to travel. ❑ I read a lot. ❑ I play a lot of video games. ❑ I love movies. ❑ I'm involved with my neighbors.

Parenting:

What do you do well as a parent?_____

What are your parenting challenges? _____

How do your children do in school?_____

What goals do you have for your children?_____

Do all your children live with you?_____

What do you like about yourself? What are your strengths?

_____

_____

_____

What would you like to change about yourself?

_____

_____

_____

How would you describe success? Describe a successful person?

_____

_____

_____

YOUR Goals:

Education: _____

Career: _____

Financial: _____

Family: _____

Personal: _____

What needs to happen in order for you to reach these goals:
(Are their obstacles or barriers to achieving your goals?)

_____

_____

_____

_____

What concerns or worries do you have about the FSS Program?

_____

_____

Are you willing to have regular (every three months) contact (phone, office visit, home visit) with your FSS case manager? ____ yes ___no

Which of these services might help you achieve self-sufficiency?

__Substance Abuse Counseling	__Anger Management	__Transportation
__Credit Counseling	__Education	__Financial Education
__Support Group	__English as a 2nd Lang.	__GED Preparation
__Job Training/Placement	__Child Care	__Health Care
__Nutritional Education	__Parenting Education	__Home Ownership Counseling
__Consumer Rights	__Stress Management	__Resume/Interview Training
__Home Management Skills	__Credit Repair	__Other _____
__Reading Skill Improvement	__Math Skills	

Signture: _____ **Date:** _____