


Family Self Sufficiency Program



The Family Self-Sufficiency Program can work for you if you are committed to making your life better for yourself and your family.

This program is sponsored by Housing Authority of the City of Brownsville
P.O. Box 4420 Brownsville, Texas 78523-4420

For information, please call 
(956) 214-1525 * (956) 214-1526 * (956) 214-1523



FAMILY SELF-SUFFICIENCY PROGRAM

THIS IS NOT AN APPLICATION. IT IS ONLY A FORM TO INDICATE YOUR INTEREST IN THE FAMILY SELF-SUFFICIENCY PROGRAM.

PLEASE FILL OUT THE FORM COMPLETELY AND RETURN TO THE F.S.S. COORDINATORS. ONCE YOU HAVE RETURNED YOUR FORM, YOU WILL RECEIVE AN APPOINTMENT FOR ORIENTATION ON THE PROGRAM.



Name: _____

Address: _____

City: _____

State: _____

Zip Code: _____

Phone: _____

Name in which your Section 8 Housing Contract is under:

FAMILY SELF-SUFFICIENCY PROGRAM NEEDS ASSESSMENT FORM

Date: _____

1. Please list all family members who will be living in your housing unit, including the head of household. Give the relationship of each family member to the head of household.

Family Member	Name of Family Member	Relationship to Head of Household	Age	Sex	Ethnic

2. Are you (F.S.S. head) employed? ___ Yes ___ No

JOB: _____

RATE OF PAY: \$ _____ Per _____ Hour _____ Week

If unemployed, what type of income do you receive?

3. Are any other family members employed? _____ Yes _____ No
 If yes, please fill out the following information:

Family Member	Employer	Rate of Pay (indicate per hour/week/month)	
		\$	Per _____
		\$	Per _____
		\$	Per _____
		\$	Per _____
		\$	Per _____
		\$	Per _____

4. What needs do you currently have (other than housing assistance)?
 (Please check those that apply)

- Need a better job
- Need childcare
- Need to further/finish education
- Need job training/preparation
- Need help managing money
- Need more money to pay bills each month
- Need better transportation
- Need Counseling
- Need food assistance
- Need to see a doctor for health problems
- Need help being a better parent

Please list other needs you or your family have:

5. Please check the different agencies you have visited or received services from in the last six months.

- | | |
|---|---|
| <input type="checkbox"/> Health Department,
doctor or clinic | <input type="checkbox"/> Community Action Agency
or Community Services |
| <input type="checkbox"/> Job Training Program | <input type="checkbox"/> Welfare Department |
| <input type="checkbox"/> Mental health center | <input type="checkbox"/> Alcohol or drug abuse Program |
| <input type="checkbox"/> Food pantry | <input type="checkbox"/> Free meals program |
| <input type="checkbox"/> Head start for child (ren) | <input type="checkbox"/> Children's services program |
| <input type="checkbox"/> College or University | <input type="checkbox"/> Vocational/Tech school |
| <input type="checkbox"/> Shelters | <input type="checkbox"/> None of the above |
| <input type="checkbox"/> Other (explain) | |

6. Do you speak English? Yes No

What other language(s) do you speak?

7. Do other family members speak English? Yes No

What other language(s) do they speak?

8. Do you have a: High School Diploma? _____ GED (English)? _____

GED (Spanish)? _____ College hours? _____ Certificates? _____

University Degrees? _____

* School last completed grade: _____

9. If you were to get a job or change your job, would you need help finding someone to

care for your children (childcare)? Yes No

10. Do you now work with one person or a case manager who helps you and your family find the services you need? Yes No

If yes, please list the person's name:

What agency does she/he work for?

11. What are the three major problems that YOU and YOUR family are facing now?

1. _____

2. _____

3. _____

12. List 2 (two) goals you wish to accomplish to reach self-sufficiency?

1. _____

2. _____

I Understand and Agree that based on Section 214 of the Housing and Community Development act of 1980, HUD does not make financial assistance available to noncitizens who do not have eligible immigration status. Escrow funds cannot be given to an ineligible noncitizen.

SIGNATURE: _____

Head of Household

DATE: _____



FAMILY SELF-SUFFICIENCY PROGRAM OF HOUSING AUTHORITY OF THE CITY OF BROWNSVILLE

To be eligible for the Family Self-Sufficiency Program, you must be;

- Willing to better yourself through EMPLOYMENT, EDUCATION or JOB SKILLS TRAINING
- Receiving Housing assistance through Section 8 HCV, RAD, and or Public Housing
- 18 years of age or older

The Family Self-Sufficiency Program is designed to help families accomplish economic self-sufficiency by connecting families with the appropriate support services and resources in our community.

Some benefits in this program are;

- Educational and Training opportunities
- Career and Personal Counseling
- Job Preparation
- Job Training
- Financial management Training
- Escrow Savings Account
- Homeownership Program referral



The Requirements of the Program are:

- Must be willing to enroll in educational or training programs based on individual's interest and personal goals.
- Must sign a 5-year F.S.S. Contract of Participation (this contract outlines client and F.S.S. Program responsibilities to ensure that economic independence is achieved)
- Must be willing to seek and maintain suitable employment. *Does not apply to disabled families.
- Must attend quarterly Meetings and/or workshops.
- Must contact caseworker monthly.
- Must be willing to become self-sufficient and no longer receive government assistance (e.g. TANF)

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