

FAMILY SELF-SUFFICIENCY PROGRAM SELF ASSESSMENT QUESTIONNAIRE

The goal of the Family Self-Sufficiency program is to help you and your family gain the skills, training and education you need to become financially independent of public assistance programs such as ADC and Subsidized Housing.

The FSS staff will work with you to create a Service and Training Plan that will clearly state your goals, timelines for reaching those goals, and the community services that you will need to reach your goal.

To create this Service and Training Plan the FSS staff needs to get to know you and your family. We need to learn where you have been in your life, where you are now, and where you want to go. We need to assess what services you need to become self-sufficient.

This set of questions is the first step in the Assessment process. It is designed to give the FSS staff information about you and your family in many areas of your life.

This questionnaire is for the Head of Household. Where the question says "you" we mean the Head of Household. Please answer all questions. If a question does not apply to you or your family, please write "NA" (not applicable) as the answer.

If you do not wish to answer a question, or if you do not understand why we are asking the question, please let us know and we will explain the purpose of the question and how it relates to your Training and Service Plan.

All information gathered in these forms will be kept strictly confidential

Date: _____

Please state your career goal: (I want to work as a....):

What do you need to do to reach your goal?

What obstacles or problems stand between you and your career goal? (such as education or training, child care, transportation....)

How can FSS Staff help you reach your goal?

Check the box that best describes you:

	always	usually	sometimes	rarely
I can express my thoughts and feeling in words				
I can express my thoughts and feelings in writing				
I can understand and can follow spoken directions				
I understand and can follow written directions				

	excellent	good	fair	need improvement
My oral communication skills are				
My written communication skills are				
My reading skills are				
If Bi-lingual: My English skills are				

I am involved with a: (circle all that apply)

support group	school group	church group
athletic team	music group	volunteer work
community group	child care group	neighborhood group
art/craft group	sports club	men's/women's group
others: _____		

In the past six months I have attended:

sports event	school activity	music event
movie/theater	church activity	social gathering
others: _____		

In the past six months our family has attended:

sports event	school activity	music event
movie/theater	church activity	social gathering
others: _____		

Are you currently involved in a support group (s)?

List: _____

weekly monthly once no contact other

I have had contact with my parents and/or siblings in the past six months					
I have had contact with my spouse/partner's parents and or siblings in the past six months					
My children have had contact with my family in the past six months					
My children have had contact with their other parent's family in the past six months					

Please list ten (10) things you like about yourself or are proud of:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please list ten (10) things that you do very well (skills that you excel at):

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Complete this sentence: My greatest strength is _____

I and/or my spouse/partner have attended these school related activities in the past year: (check all that apply)

- | | |
|--|--|
| <input type="checkbox"/> Parent-Teacher Conference | <input type="checkbox"/> PTA |
| <input type="checkbox"/> School Open House | <input type="checkbox"/> Field trip |
| <input type="checkbox"/> Sports event | <input type="checkbox"/> Music concert |
| <input type="checkbox"/> Science Fair | <input type="checkbox"/> School play |

Other: _____

Have you been contacted by your child's school because of your child's positive behavior or excellence this past school year? Describe the situation: _____

Have you been contacted by your child's school because of your child's misbehavior or other teacher concerns this past school year? Describe the situation _____

Have you been contacted by your child's school because of truancy (missed or cut classes)?

Please check off all the services you need to become self-sufficient.

- | | |
|---|---|
| <input type="checkbox"/> Alcohol/Substance Abuse Counseling | <input type="checkbox"/> Job Training |
| <input type="checkbox"/> Anger Management | <input type="checkbox"/> Job Placement |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Money Management Training |
| <input type="checkbox"/> Credit Counseling | <input type="checkbox"/> Nutritional Education |
| <input type="checkbox"/> Education | <input type="checkbox"/> Parenting Education |
| <input type="checkbox"/> Financial Education | <input type="checkbox"/> Parenting support Group |
| <input type="checkbox"/> Food Preparation Training | <input type="checkbox"/> Support Group |
| <input type="checkbox"/> GED Preparation | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Health Care | <input type="checkbox"/> English as a Second Language |
| <input type="checkbox"/> Health Education | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Home Economics | <input type="checkbox"/> _____ |