

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

Name (First, Last):

Date:

Please state your career goal by completing this sentence: 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?

(Examples: 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: (Check all that apply)

- support group
- athletic team
- community group
- art/craft group
- other(s) :
- school group
- music group
- child care group
- sports club
- church group
- volunteer work
- neighborhood group
- men's/women's group

In the past six months I have attended: (Check all that apply)

- sports event
- movie/theater
- other(s):
- school activity
- church activity
- music event
- social gathering

In the past six months our family has attended: (Check all that apply)

sports event

school activity

music event

movie/theater

church activity

social gathering

others:

Are you currently involved in a support group(s)? **Yes** **No**

If yes, please list:

Chose what best describes your contact frequency:

	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.**

Parent-Teacher Conference

PTA

School Open House

Field Trip

Sports Event

Music Concert

Science Fair

School Play

Other (please describe):

Have you been contacted by your child's school because of your child's positive behavior or excellence this past school year? Please 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? Please describe the situation.

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

Yes No If yes, please describe the situation.

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

Alcohol/Substance Abuse Counseling

Job Training

Anger Management

Job Placement

Child Care

Money Management Training

Credit Counseling

Nutritional Education

Education

Parenting Education

Financial Education

Parenting Support Group

Food Preparation Training

Support Group

GED Preparation

Transportation

Health Care

English as a Second Language

Health Education

Home Economics

Other: