

## FSS Program Applicant Information for Enrollment:

Name of applicant: \_\_\_\_\_

Address: \_\_\_\_\_ City/Town: \_\_\_\_\_

Mailing address (if different): \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Preferred method for communication/ receiving information (check all that apply):

Email    Phone    Mail    Other (please specify): \_\_\_\_\_

Preferred language:  English    Other (please specify): \_\_\_\_\_

Interpreter needed (family, friend, Language Line services. etc.)

## Household Composition:

Head of Household (HoH), then all others:

Check all that apply:

Household Member Name	Age	Sex	Work	School	Childcare
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Applicant Signature: \_\_\_\_\_

Application Date: \_\_\_\_\_

## Employment Information (For FSS Head of Household):

Employment status:  Full-Time  Part-Time  Two or more jobs  Seasonal  Not employed

If not currently working, are you interested in seeking employment now:  Yes  No  Not sure

Current primary employment:

- Job Position/ Title: \_\_\_\_\_
- Place of employment: \_\_\_\_\_
- Date job started: \_\_\_\_\_ Average Hours worked per week: \_\_\_\_\_

Additional employment (as applicable):

- Job Position/ Title: \_\_\_\_\_
- Place of employment: \_\_\_\_\_
- Date job started: \_\_\_\_\_ Average Hours worked per week: \_\_\_\_\_

If you are currently employed, are you generally satisfied with your job:

Yes, it suits my needs at this time

No, I would like to explore options for change now:  Position  Location  Hours  Other

If Other, please identify: \_\_\_\_\_

## Education Information (For FSS Head of Household):

Do you have a high school diploma?  Yes  No | If no, do you have a GED/HiSet?  Yes  No

College degree(s) earned:  Yes  No Graduation year(s): \_\_\_\_\_

Check all that apply:  Post-grad  University  Community College  Vocational/Technical

- Degree(s) earned: \_\_\_\_\_
- Course of study: \_\_\_\_\_

Some college courses completed:  Yes  No Number of years attended: \_\_\_\_\_

Vocational/technical training or certification program completed?  Yes  No If yes:

- Type of program: \_\_\_\_\_
- Certification(s) earned: \_\_\_\_\_
- Other: \_\_\_\_\_

Are you currently a student or in a training program?  Yes  No

If yes, what career path are you studying or training for: \_\_\_\_\_

If no, would you be interested in going back to school or training program:  Yes  No

Are there current barriers or obstacles you can identify that have impacted your ability to get higher education or training:  No  Maybe, but unable to identify  Yes, as noted below:

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## Family Childcare Programs and Education:

No childcare needed     Need childcare, but do not have access at this time

Have childcare (Check all current services):

Daycare     Early Intervention     Head Start     Pre-school Program     Afterschool Program

Are there current barriers or obstacles you can identify that have impacted your ability to get childcare services:

No             Maybe, but unable to identify             Yes, as noted below:

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Do you have any adult children attending college?  Yes  No    If yes, how many: \_\_\_\_\_

## Support and Case Management:

Are you currently receiving services from other agencies or programs:

Yes, as checked below     No, I do not     I would prefer not to respond

Check any that apply:

- |  |   |
|--|---|
| <input type="checkbox"/> MassHire /Unemployment /Job Training                              | <input type="checkbox"/> Dept. of Transitional Assistance (DTA) |
| <input type="checkbox"/> Action, Inc. <input type="checkbox"/> Wellspring House, Inc.      | <input type="checkbox"/> Open Door Food Pantry /SNAP            |
| <input type="checkbox"/> Medical Provider /PCP /Healthcare Specialist                      | <input type="checkbox"/> Alcohol/Drug/Rehab Program             |
| <input type="checkbox"/> Behavioral/ Mental Health Services                                | <input type="checkbox"/> Individual /Family Counseling          |
| <input type="checkbox"/> Pathways for Children <input type="checkbox"/> Child Care Circuit | <input type="checkbox"/> Other services (please list below):    |

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## Forms of Cash Benefits or Assistance You May Receive (Check all that apply):

Child Support     SNAP     SSI/SSDI     TAFDC/TANF     Unemployment     Child Tax Credit

Other (please describe): \_\_\_\_\_

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Identified Needs /Interest Areas:

- Job Training    Career Counseling    Obtain employment    Increase Earned Income
- HiSet or GED Program    Business or Technical Certification Program    College Degree
- Household Budgeting    Credit Counseling and Debt Reduction    Financial Education
- Eliminate TANF /TAFDC    Reduce or eliminate SSI/ SSDI
- Transition to non-subsidized housing    Steps to Homeownership/ Homebuyer Counseling
- Other \_\_\_\_\_

Goals Assessment:

Long-term goals while in FSS Program (next five years):

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How do you plan to reach your goals:

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Obstacles or barriers identified:

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Personal strengths to support your progress:

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Any additional information you would like to share:

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