



Salisbury-Rowan Community Action Agency, Inc. Department of Family Services Application

What is the Self-Sufficiency Program?

The Self-Sufficiency Program is designed to assist individuals and families who are committed to achieving economic self-sufficiency through work and educational participation. Individuals and families who are enrolled will receive assistance with reaching their overall goal of becoming self-sufficient, through skills and vocational training, employment readiness, employment attainment, and education support.

Upon completion, the application will be placed on our program's waiting list, and will be processed in the order by which it was received.

Incomplete applications will not be accepted

Application Instructions

1. The following documentation and information is required for applicants and all household members when notified to attend the Family Self-Sufficiency program orientation:
2. Photo identification of all household members over the age of 18
Driver's license, Military I.D., State I.D.
3. Social security cards of everyone in the household
4. Proof of income from the past 3 months (90 days) for all household members
 - Paycheck stubs
 - Unemployment award letter
 - Layoff verification
 - Social security benefits
 - Child support
 - Work first (TANF)
 - Utility allowance
 - Food and nutrition services (Food Stamps)
 - Section 8 or Public housing verification

Upon program vacancy, the applicant will be contacted from the wait list to schedule an in office appointment. If it is determined that further information is required. It is the responsibility of the applicant to respond and / or provide the information within seven (7) business days of notification; otherwise the applicant will be removed from the waiting list.

Date: _____

Case # _____

**Department of Family Services
Family Self-Sufficiency Program Application**

Name: Last First Middle Initial Date of Birth XXX-XX- Social Security #

Physical address: City State Zip code

Mailing address: City State Zip code

() ()
Phone: Home Mobile Email address

- Own
- Rent
- Homeless
- Living with Friend or relative

Household Members

Name (last, first)	Date of Birth	Social Security	Sex (M/F)	Race	Primary Language	Education Level	Income Source/Amount (employment, child support, SSI, Utility allowance)	Health Insurance (Y/N)
Relationship To Head of household								

Family Type (check one)

- Married
- Widowed
- Divorced
- Separated
- Single person
- Single parent
- Two adults no children
- Other _____

Subsidized Assistance (check all that apply)

<input type="checkbox"/> Work First (TANF)
<input type="checkbox"/> Food and Nutrition Services (Food Stamps)
<input type="checkbox"/> Section 8
<input type="checkbox"/> HUD
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Childcare Assistance (voucher)
<input type="checkbox"/> WIC

Education History

	Name	Major	Graduated (Yes/No)	Current (Certification)
High school				
College				
Graduate School				
Certification				
Vocational				

Employment History

Employer	Job title/ Position	Dates of Employment		Reason for Leaving
		Month/	Year	

Computer Skills

Which of the following do you have experience using? (check all that apply)

- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> Microsoft Word | <input type="checkbox"/> PowerPoint | <input type="checkbox"/> None |
| <input type="checkbox"/> Microsoft Outlook | <input type="checkbox"/> Adobe Reader | <input type="checkbox"/> Other (please list) |
| <input type="checkbox"/> Excel | <input type="checkbox"/> Web Browser | |

Which training area(s) do you feel would benefit you the most (check all that apply)

- Basic Functions (creating, saving and finding files/folders; copying a file; cut/paste, etc.)
- Microsoft Word (type papers, letters, use tables, etc.)
- Excel (creating graphs or spreadsheets, tracking data, etc.)
- How to use email
- How to search the Internet
- How to download files
- Other (please indicate) _____

Questionnaire:

Do you currently have children ages 0-5, who are enrolled in Head Start? Yes__ No__

Do you currently have a pending application with Head Start? Yes__ No__

If yes, what location _____

Do you currently have youth enrolled in Career Education Training Services? Yes__ No__

If yes, what location _____

What other Salisbury-Rowan Community Action Agency Programs are you interested in learning more information about?

- Head Start
- Career Education Training Services
- Weatherization

How were you referred to Family Services?

- Other Salisbury-Rowan Community Action Agency Department _____
- Other Service Agency _____
- Community Event _____
- Friend

Describe the goals you are pursuing, and how you feel the Family Self-Sufficiency Program would benefit you and your family in achieving them?

I certify that the information given is true to the best of my knowledge.

Applicant Signature

Date

Receiving Family Development Specialist

Date