



Family Self Sufficiency Program Progress Report

Fill out your progress report in as much detail as possible. This progress report is **required** as part of your commitment to meeting the short & long-term goals as outlined in your Individual Training and Service Plan (ITSP). This information also helps the Housing Authority and HUD to evaluate progress.

Form Instructions: Click in a box or on a line to type text. Click directly on a check box to mark it or unmark it.

Return report to Brett Brooks | FSS Program Coordinator:

Email: brett.brooks@rrha.com

Drop Off or Mail: Richmond Redevelopment & Housing Authority
918 Chamberlayne Parkway
Richmond, Virginia 23220

Date:

Head of Household Name:	Phone:
Address:	E-mail:

Employment and Income

Are you currently employed?

Full time (32 hours or more, per week) Part-time Self-Employed Not employed

If employed, date current employment began:

If employed, are you receiving the following benefits? Health Retirement Other:

Name of Employer:		Job Title:
Hours worked per week:	Wage: \$ <input type="checkbox"/> Hourly <input type="checkbox"/> Monthly <input type="checkbox"/> Annual	If seasonal/temporary or work study, when does the job end?

Are you searching for new employment: Yes No Looking for an additional job

If unemployed, do you receive unemployment benefits: Yes No | If yes, how much per week \$

Do you receive any of the following benefits:

SNAP/Food TANF Medicaid SSI SSDI Child Support None

Check any changes your household has experienced within the last 6 months.

Started a new job Lost a job Received a work promotion Received a pay increase

Someone moved in to my household – Who/When:

Someone moved out of household – Who/When:

Started a school or training program Completed school or training program

New unexpected debt or expense – Explain:



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- Moved to a different home – When/Where:
- Got behind on Rent – Explain:
- Other

Education & Training

Enter the years of high school completed by the head of household:

Are you currently participating in an educational or training program? Yes No Name of Program:

If yes, what is the expected completion date?

Did you **complete** an educational or training program? Yes No Name of Program:

Type:

- High School Diploma Certificate/Training
- Associate’s Degree Bachelor’s Degree
- Master’s Degree GED

Financial Literacy & Life Skills Training

Below, list any Financial Literacy or Life Skills classes you attended in the last 6 months? Does not apply

Topic	Date	Location/Presenter

Do you have copies of your credit reports? Yes No - If so, when were they retrieved:

What Credit Bureaus: Equifax Experian Trans Union | What is your credit/FICO Score: _____

Are you maintaining a monthly budget: Yes No

Supportive Services

Please state the number of children receiving child care services:

Child Care Provider: Family or Friend Child Care Facility | Facility Name:



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Are you in need of any of the following services? (Check all that apply)

- Child care
- Health services
- Job search/placement
- Transportation
- English classes
- Mentoring
- Homeownership counseling
- Budgeting
- Alcohol and drug abuse services
- GED
- Vocational/ Job Training
- Education

Are you working with any other people or agencies to help support your goals at this time? Yes No

If yes, briefly describe who & how they are supporting you:

Individual Training & Service Plan Goal Progress

Please note which ITSP goals you are actively working on **or** have completed in the last 6 months

ITSP GOAL:

Status: In progress Not started Completed Date completed:

Comment:

ITSP GOAL:

Status: In progress Not started Completed Date completed:

Comment:

ITSP GOAL:

Status: In progress Not started Completed Date completed:

Comment:

Do you want to schedule an appointment to discuss your goals and progress? Yes No

If yes, what do you want to focus on:

What are the best dates & times for you to meet?

Week day	Date	Time

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I certify that the information I have provided in this progress report is true and accurate to the best of my knowledge. I understand that:

- It is my responsibility to report changes in writing within ten (10) days of the changes that affect my household composition and/or the household income, to my Housing Choice Voucher Specialist as well as my FSS Coordinator.
- No member of my household can be receiving any form of TANF cash assistance at any time during the *last* twelve (12) months of my FSS Contract of Participation or prior to program completion. This will result in forfeiting all escrow funds held on my behalf.
- I must remain in compliance with FSS and HCV program requirements and complete all ITSP Goals within the time frame stated on my FSS Contract of Participation to successfully graduate and obtain any money accrued in the escrow account held on my behalf.

FSS Participant Signature (type full name)	Date