

FAMILY SELF SUFFICIENCY PROGRAM – 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 Marcella Tazewell | FSS Program Coordinator:

Email: marcella.tazewell@rrha.com

Drop Off or Mail: Richmond Redevelopment & Housing Authority
Calhoun Family Investment Center, 436 Calhoun Street, Richmond VA 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 into my household – Who/When:
- ☐ Someone moved out of the household – Who/When:
- ☐ Started a school or training program ☐ Completed school or training program
- ☐ New unexpected debt or expense – Explain:
- ☐ Moved to a different home – When/Where:
- ☐ Got behind on Rent – Explain:
- ☐ Other

Education & Training

FAMILY SELF SUFFICIENCY PROGRAM – PROGRAM PROGRESS REPORT

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

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:

ChildCare Provider: ☐ Family or Friend ☐ ChildCare Facility | Facility Name:

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

<input type="checkbox"/> Child care	<input type="checkbox"/> Health services	<input type="checkbox"/> Job search/placement
<input type="checkbox"/> Transportation	<input type="checkbox"/> English classes	<input type="checkbox"/> Mentoring
<input type="checkbox"/> Homeownership counseling	<input type="checkbox"/> Budgeting	<input type="checkbox"/> Alcohol and drug abuse services
<input type="checkbox"/> GED	<input type="checkbox"/> Vocational/ Job Training	<input type="checkbox"/> 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

FAMILY SELF SUFFICIENCY PROGRAM – PROGRAM PROGRESS REPORT

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?

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.
- You must be Welfare "Tanf" Free at the time of graduation. 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