

FAMILY SELF SUFFICIENCY PROGRAM -- INTEREST REFERRAL

The Family Self-Sufficiency (FSS) Program is a US Department of Housing and Urban Development (HUD) sponsored program that encourages communities to develop local strategies that will help Public Housing (PH) and Housing Choice Voucher (HCV) families obtain employment leading to economic independence and self-sufficiency. RRHA works with social service and non-profit agencies, schools, businesses, and other local partners to develop a comprehensive program that coordinates services to assist the family in removing barriers and gives participating FSS family members the skills and experience to enable them to obtain employment that pays a living wage. The program promotes economic independence through counseling, supportive services, and a financial incentive that enables participants to improve their educational and employment status.

DATE:

A. REFERRING PARTY

☐ If submitting interest for self, check the box and skip to part B.

Agency:		Phone:	
Address:		Fax:	
Contact Person:		Email:	
Title:			

B. REFERRED CLIENT – Please print clearly

Name:		Phone:	
Address:		Email:	
City, State:		Primary Language:	
Zip code:		Is an Interpreter Needed:	☐ Yes ☐ No
Housing Program:	☐ Housing Choice Voucher Program ☐ Low Income Public Housing	Status Level:	☐ Stable ☐ At Risk/Vulnerable ☐ In Crisis
Employment Status:	☐ Employed ☐ FT ☐ PT ☐ Unemployed ☐ Disabled/Unable to work	Household Annual Income: Source of Income:	☐ \$0-10K ☐ \$10K-\$25K ☐ \$25K-\$45K ☐ \$45K or more ☐ Wages ☐ Other
Resident ID: (RRHA Internal referrals only)		Community: (RRHA Internal referrals only)	

Referral Category: ☐ Education ☐ Workforce Training ☐ Job Search Assistance ☐ Financial Management ☐ Childcare
☐ Transportation ☐ Homeownership ☐ Asset Development ☐ Other: _____

The undersigned RRHA participant understands that the FSS Program is an employment-focused program designed to help families gain the education, skills and experience necessary to help them obtain and maintain suitable employment while attempting to remove the barriers that keep them from doing so. By signing below, I declare that I am interested in joining the FSS program and I am willing and able to work.

RRHA Resident Signature

Date

Please note that submission of a Program Interest Referral does not guarantee your participation in the FSS program. All referrals will be reviewed in the order that they are received. Families will be given an opportunity to enroll if space and coordination services are available. Please contact the FSS Coordinator, Marcella Tazewell at mtazewell@rrha.com to check the status of your Program Interest Referral.