

FAMILY SELF-SUFFICIENCY PROGRAM APPLICATION

GARDEN GROVE HOUSING AUTHORITY

A. DEMOGRAPHIC INFORMATION

		SS# _____ - _____ - _____
		Housing ID # _____
Applicant's Legal Name (Last, First, MI)		Home Phone # _____
Mailing Address (Street, City, State, ZIP)		Work Phone # _____

B. EDUCATION

Highest School Grade Completed (Circle One) 1 2 3 4 5 6 7 8 9 10 11 12 GED	Are you currently enrolled in a job training or education program?
College 1 2 3 4	<input type="checkbox"/> High School (GED) <input type="checkbox"/> WIA <input type="checkbox"/> College Courses <input type="checkbox"/> CalWorks <input type="checkbox"/> Vocational School <input type="checkbox"/> On the Job Training <input type="checkbox"/> Apprenticeship Program <input type="checkbox"/> Other Training Program (Describe) _____
Have you ever been enrolled in a training or vocation course?	
<input type="checkbox"/> Yes (if YES, list course below indicating whether they were paid from public or private sources, or both) <input type="checkbox"/> No <input type="checkbox"/> Date when completed _____ <input type="checkbox"/> If you did not complete the course, why not? _____	
List Courses and School	Are you paying for the Courses?

SIGNATURE (Please read and sign below)

I hereby certify and affirm that the above information is true and correct to the best of my knowledge.

WARNING! SECTION 1001 OF TITLE 18 OF THE U.S. CODE MAKES IT A CRIMINAL OFFENSE TO MAKE WILLFUL FALSE STATEMENTS OR MISREPRESENTATIONS TO ANY DEPARTMENT OR AGENCY OF THE U.S. AS TO ANY MATTER WITHIN ITS JURISDICTION.

Name of Applicant

Signature of Applicant Date

Please complete the Questionnaire on the back of this Application. Thank You.

Do you have an e-mail address? _____

E-Mail _____

C. HOUSEHOLD INFORMATION

1) Are there any reasons that would prevent you from starting training or work at this time? If Yes, please explain _____ _____	Yes	No
2) Have you ever been employed before?	Yes	No
3) Are you currently employed? If Yes, please list current employer: Employer: _____ Occupation: _____ How long have you been at this position? _____ (days/months/years) Salary \$ _____ per _____ (hour/week/month/year) How many hours do you usually work per week? _____ Do you work during the day, evening or night? _____	Yes	No
4) What kind of jobs have you held in the past? Please list. (cashier, bank teller, clerical) _____ _____		
5) Are you currently receiving any form of public assistance? (food stamps, cash aid, Medi-Cal)	Yes	No
6) Do you currently have childcare expenses? For how many children do you pay for childcare? _____ How much do you spend for childcare? _____ per _____ (day/week/month)	Yes	No
7) Does another agency provide you with childcare assistance?	Yes	No
8) What support services would you need? <input type="checkbox"/> Child Care <input type="checkbox"/> Transportation Assistance <input type="checkbox"/> Medical Care Assistance <input type="checkbox"/> Education/GED Assistance <input type="checkbox"/> Job Training <input type="checkbox"/> Job Search <input type="checkbox"/> Job Placement <input type="checkbox"/> Career Counseling <input type="checkbox"/> Other Counseling <input type="checkbox"/> Budgetary <input type="checkbox"/> Reading Skills <input type="checkbox"/> Job Preparedness <input type="checkbox"/> Drug/Alcohol Rehab or Counseling <input type="checkbox"/> Nutrition <input type="checkbox"/> Other (Specify)		
9) What kind of job would you like to have? _____ _____		
10) Do you need TDD/TDY access to our staff?	Yes	No
11) Do you require any accommodations for handicap accessibility?	Yes	No
12) How did you hear about the FAMILY SELF-SUFFICIENCY PROGRAM? _____		
Is there any additional information our staff should know about you in order to assist you in attaining self-sufficiency? _____ _____		