

ROSS PROGRAM ENROLLMENT Form

NAME: _____ T-CODE: _____

ADDRESS: _____ PHONE: _____

CITY: _____ ZIP: _____ EMAIL: _____

1. Please list all family members who live in your housing unit, including the head of household.
Give the relationship of each family member to the head of household.

Name of Family Member	Relationship to Head of Household	Age	Sex
1.			
2.			
3.			
4.			
5.			
6.			

2. Are you (head of household) employed? Yes No If yes, list your job and rate of pay:
JOB: _____ PAY: \$ _____ Per Hr Wk Salary

3. If unemployed, what type of income do you receive? _____

4. Are any other family members employed? Yes No If yes, please complete the following information:

Family Member	Job	Rate of Pay Per: Hr / Wk / Salary

5. Do you speak English? Yes No If no, what language/s do you speak? _____

6. Do other family members speak English? Yes No If no, what language/s do they speak? _____

7. Do you have a high school diploma or GED? Yes No

8. Please check any items below that you consider a current need. (Check **ALL** that apply)

- | | |
|--------------------------|-----------------------------|
| _____ A better job | _____ Better Transportation |
| _____ Child Care | _____ Medical Assistance |
| _____ Increased Earnings | _____ Parenting Classes |
| _____ ESL Classes | _____ Food Assistance |
| _____ GED / High School | _____ Help Managing Money |
| _____ Job Training | _____ Family Counseling |

9. Please check the different agencies you have visited, or received services from in the last six months.

- | | |
|--|-----------------------------------|
| _____ Health Department, Doctor / Clinic | _____ Welfare Department |
| _____ Mental Health Center | _____ Children's Services Program |
| _____ Substance Abuse Program | _____ Community Action Commission |
| _____ Food Pantry | _____ Job Training Program |
| _____ Free Meals Program | _____ Vocational/Tech School |
| _____ Head Start for children | _____ Community College |
| _____ Shelters | _____ Other: _____ |

10. Please list any other needs for services that you or your family have: _____

11. Do you now work with a case manager, (other than the Housing Authority), who helps you find the services you need?

If yes, please list the person's name: _____

What agency does the person work for? _____

12. The ROSS Program provides supportive services, which help families to achieve their goals, please complete the following:

What are your personal goals? _____

What are your family's goals? _____

What are your educational goals? _____

What are your financial goals? _____

What do you hope to achieve in the ROSS Program? _____

13. What are the two or three biggest problems that YOU are facing now? _____

13. What are the two or three biggest problems currently faced by YOUR FAMILY? _____

Head of Household's SIGNATURE _____ DATE _____

Office Use ONLY

Properly Completed:

Date Received: _____

Staff Initials: _____