

## RSS 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 RSS 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 RSS 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: \_\_\_\_\_