



SELF-SUFFICIENCY PROGRAM APPLICATION

Applicant Information: **PLEASE COMPLETE EACH LINE** **DATE:** _____

LAST 4 SS# _____

Name: _____ Phone: _____

Address: _____ Date of Birth: _____

City: _____ State: _____ Zip: _____ Gender: _____ Ethnicity: _____

Email: _____ Marital Status: Married Single

(Check One) Divorced Separated

Optional: By providing your email address, your consent to receive email notifications and information on behalf of SCFS. You may opt out of this email service at any time by contacting us or following the opt-out instructions included in each email you receive.

Type of assistance requested: Education Level: 0-8 9-12 HS Diploma GED
 ("X" all that apply) ("X" One)

employment education housing Some college College/Tech Degree

other: _____

brief description of current situation: _____

Who referred you to us? _____

Please include all house hold members related by blood/marriage

Family Members: Total Number in Family: _____

Name	DOB	Education (highest level completed)	Relationship	Gender	Ethnicity	Living in Home?	Legal Custody?

Have you ever received assistance from us or participated in any other SCFS programs? Yes No

If yes, please describe, include the dates: _____

For Office Use Only: **Orientation Scheduled:** _____ **Attended :** Yes No
Assessment Date: _____ **Attended:** Yes No **Interviewed by:** _____
Status: enroll denied re-apply over-income referral