

Family Empowerment Self Sufficiency Program Application

The FESS Program is an intensive employment, education and financial capabilities focused program that supports you in identifying and completing your life goals. Success requires that you maintain regular contact with your case manager and show progress toward achieving your goals. The program is time limited. Within six months of enrollment all participants must be employed or in job training.

Personal Info	rmation:				-	
Name:				Today's Date:		
Address (Street, Apt, City, State, Zip):			Mailing	Mailing Address (if different):		
			Cell Pho	Cell Phone:		
Email:			Alterna	Alternate Phone:		
		Gender:	Hispani	c/Latino/Spanish O	rigins: Primary	Language:
Date of Birth://			Yes _	Yes No No		
Race:			•			
African America	n White Hisp	oanic Native Nati	ve American As	ianNative Hawai	iian Multi-Race	Other
Education Stat	us (highest level com	pleted): 0-8th grade 🗌	9-12th grade] School Enroll	ment Status: Not E	nrolled
High School Graduate Some College Part-Time Full-Time Full-Time						
	School Graduate P	ost-Secondary Schoo	ol Graduate	School Name	<u>` </u>	
Work Status: If Employed: Full-Time Part-Time Migrant/Seasonal Farm Worker Yes Yes Yes Yes						
If Unemployed: Six Months or Less More than Six Months Not in Labor Force Retired No No						
Marital Status:	THOILIS OF LCSS.	THOSE WALL DIA WORK		Veteran:	Active Military:	
Single Mar	ried Divorced	Separated		Yes No No	Yes No L	ユ
Housing Status						
	Transitional Hou	seShelterH	omeless Staying	with friend/family	Other Permanent	Housing
Other						
Household Typ Single Person		Two Parent Tv	vo adults (no childre	n) Grandparen	ts Guardian	Other
Household In	nformation: *List	information for ever	vone livina in vour h	ousehold related by I	Blood Marriage or	Adoption
TIOUSCHOIG III						Related to
Name	Relationship to applicant	Date of birth	Race	Gender	Highest grade completed	applicant by birth, marriage, or
						adoption (y/n)

Income Information:

FESS Staff Signature	——————————————————————————————————————			
Applicant Signature	Date			
Department of Social Services institution to share information for CSBG services. I allow the	, Social Security Administration, and n regarding my past and/or present i	pany, fuel company, Veteran's Administration, any other applicable public and/or private notes to determine eligibility rein for purposes of verification. I understand that der to protect my privacy.		
	Certification and Waiver of Pr	vacy Rights Statement		
I am aware that I may be denied aware that I may be prosecuted	ed assistance if I am found ineligible	on, and I may have to provide documents to support it. or if I do not meet the program requirements. I am armation to receive assistance. I have been notified of ay be eligible.		
	Certification of Inc	formation		
By submitting this a	pplication, you are acknowledging	you have read and agree to the following:		
•	SS Program?			
Do you have a child enrolled in f yes, where:	the Head Start or Early Head Star	: program? Yes No		
Childcare	Health/Nutrition	Self-Esteem Building		
Employment	Housing	Community Referrals		
Education	Transportation	Budgeting/Credit Repair		
With which of the following apply)	areas do you or someone in your h	ousehold need help? (Select all that		
Additional Information:				
Section 8 Housing	Child Care Vouchers	Utility Allowance		
Food Stamps	Social Security (SSI)	Medicaid/Medicare		
Work First Benefits	Social Security (SSA)	Pension or Retirement		
Self-Employment	Unemployment	Grants/Scholarships/Financial Aid		
Employment	Child Support	Disability		
Which of the following types past 90 days? (Select all that a		ou or anyone in your household received in the		