



ECKAN HOUSING

1320 S Ash
 P O Box 40
 Ottawa, KS 66067
 Phone 785.242.7450
 FAX 785.229.3103

Family Self-Sufficiency Application

Date: _____

Name: _____ Soc Sec #: _____

Phone _____ Cell Phone: _____

Email address: _____

Please list all members of your household, starting with yourself:

Name of Family Member	Age	Sex	Relationship to Head of Household	In School?	Employed?
			Self		

1. Do you receive:
 TANF _____ SSI or SSDI _____ Food Stamps _____ Medicaid _____
 Child or Family Health Plus _____ Subsidized child care _____

2. Do you now work with an agency or case manager who helps you and your family find services that you need _____ If yes, please list the person's name and the agency:

3. What is your highest school grade completed (please circle one):
 6 7 8 9 10 11 12 GED College: 1 2 3 4 5 6 Degree: _____

4. Have you ever been enrolled in a training or vocational Program:
 _____ If yes, please list program information below:

Course/ Program	Sponsoring Agency	Number of Months attended	Date Completed

5. Other than housing, what needs do you currently have:

- | | |
|-------------------------------|---------------------------------|
| _____ Job Training | _____ Help finding a job |
| _____ Drivers license | _____ Transportation |
| _____ High School/GED | _____ College/Vocational School |
| _____ Credit Counseling | _____ Help with budget |
| _____ Drug/Alcohol Counseling | _____ Childcare |

Please list any other needs you or your family may have:

6. Would anything prevent you from starting a training program or job search now _____ If so, please explain:

7. Would any other adult household members (18 & over) want to participate in the FSS program _____ If so, who:

 Signature

 Date