



HOUSING AUTHORITY of the COUNTY OF BUTTE

2039 Forest Avenue
Chico, CA 95928

FAMILY SELF SUFFICIENCY QUESTIONNAIRE

The following questionnaire is being used to help us determine interest in the FSS program, as well as those services needed to help families participating in the program to reach their goals. Please complete the questionnaire and return it to the Housing Authority of the County of Butte, Attn: FSS Coordinator. All information will be kept confidential. PLEASE PRINT

NAME: _____ DATE: _____

SSN: _____ PHONE: _____

- 1) Do you currently receive the following services: CALWORKS TANF
General Assistance
- 2) Have you received services from these programs in the past? Yes No
- 3) Highest grade completed in school: _____ GED Graduated
- 4) Number of adults in the home that are currently employed? Full-time _____
Part-time _____
- 5) Enter the number of adults in the home who have received, currently receive, or you feel would require the following services for self-sufficiency:

	Have Received	Currently Receive	Would Require
EDUCATION:			
Remedial Studies			
High School GED			
Junior College			
University			
Vocation/Job Training			
Job Search/Placement			
Work Experience			
Health Services			
COUNSELING FOR:			
Alcohol/Substance Abuse			
Personal			
Parenting Skills			
Household Management And Budgeting Skills			
Childcare (No. of children)			

- 6) Do you have **reliable** transportation of your own? Yes No Do you have access to **reliable** transportation? Yes No Would you **require** transportation to attend a training program or school? Yes No
- 7) Other services you feel would be needed to become self sufficient: (please list)

