



# MOHAVE COUNTY COMMUNITY SERVICES DEPARTMENT

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## FAMILY SELF-SUFFICIENCY (FSS): PRE-ENROLLMENT FORM For Section 8 Housing Choice Voucher (HCV) rental assistance participants

APPLICANT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

1. Please list all family members who will be living in your housing unit, including the head of the household. Give the relationship of each family member to the head of household.

Name of Family Member	Relationship to Head of Household	Age	Sex	Race*

\*Race: White, African/American, American Indian/Alaska, Asian/Pacific Islander, Etc.

2. Phone: \_\_\_\_\_ (circle one: call/text/voicemail)
3. Email: \_\_\_\_\_
4. Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_
5. Current Housing Specialist (Name/City): \_\_\_\_\_

### SCHOOL/TRAINING:

1. Do you have a high school diploma/GED? Yes \_\_\_ No \_\_\_ Highest grade completed: \_\_\_\_\_
2. Have you ever been enrolled in a college/training or vocational course(s)? Yes \_\_\_ (If yes, list below) No \_\_\_

List Courses	Institution of learning	Years Attended (Date: mm/yy)	Course Completed Y / N*

\*If you did not complete the course, please explain why not? \_\_\_\_\_

3. Would you like to continue in school/training/certification? Yes \_\_\_ No \_\_\_

4. Would you like any skills training? (Y/N) If yes, please list type of training: \_\_\_\_\_  
\_\_\_\_\_

5. What do/did you plan to do after leaving school? \_\_\_\_\_

**EMPLOYMENT:**

1. Are you (head of household) employed? Yes \_\_\_\_ No \_\_\_\_ (If No, Skip to Question 2)

*If yes, list the following:*

Employer: \_\_\_\_\_ Job Title: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Pay \$\_\_\_\_\_ per hour \_\_\_\_\_ hours/week (Part-time / Full-time) Pay Frequency: Weekly \_\_\_\_ Bi-Weekly \_\_\_\_

a. Will your job be continuing? (Y / N) if N, why not? \_\_\_\_\_

2. If unemployed, what type of income do you receive? How much per month? \_\_\_\_\_

3. If unemployed, how often do you look for work? \_\_\_\_\_

4. What employable skills do you have? \_\_\_\_\_

**NEEDS:**

1. Other than housing, what needs do you currently have? (Please check those that apply)

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Better job/Better pay | <input type="checkbox"/> Transportation (or more reliable)  | <input type="checkbox"/> Child Care               |
| <input type="checkbox"/> Medical care          | <input type="checkbox"/> More money to pay bills each month | <input type="checkbox"/> Improve parenting skills |
| <input type="checkbox"/> Finish school         | <input type="checkbox"/> Counseling                         | <input type="checkbox"/> Food assistance          |
| <input type="checkbox"/> Help managing money   | <input type="checkbox"/> Job Training                       | <input type="checkbox"/> Work Clothes             |

2. Please list other needs you or your family have: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. What is the biggest problem that you are facing now? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HEALTH:**

1. Do you have any medical needs? Y \_\_\_\_ N \_\_\_\_ If yes, without disclosing diagnosis, please describe:

\_\_\_\_\_

**UTILIZATION OF SUPPORT SYSTEMS:**

1. Please check the different agencies you have visited or received services from in the last six (6) months:

- Health Department, doctor or clinic     Community Action Agency     Food Bank
- Job Training Program                       Welfare Department                       Alcohol or Drug Program
- Head Start for child (children)             Free Meals Program                       Community College
- Children’s Services Program                 Shelters                                       Job Service
- Vocational/Technical School                 Other: \_\_\_\_\_

2. Do you work with a particular person/Case Manager who helps you or your family seek the services you need? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the person’s name/organization: \_\_\_\_\_

3. Are you currently receiving Case Management Services from any agency? Y \_\_\_ N \_\_\_

If yes, what organization/How often? \_\_\_\_\_

4. Do you have friends/family in the area that you can rely on for support? Y \_\_\_ N \_\_\_

If yes, who you count on: \_\_\_\_\_

**FINANCIAL INDEPENDENCE/DEPENDENCE:**

1. Do you have enough money for necessities? Y \_\_\_ N \_\_\_

If not, how short are you each month? \_\_\_\_\_

How can you improve your situation? \_\_\_\_\_

2. Do you receive financial assistance from family, friends, City, State or Federal government? Y \_\_\_ N \_\_\_

If yes, which person/organization provides you assistance? \_\_\_\_\_

How much do you receive, and how often? \_\_\_\_\_

3. Does your budget allow money for entertainment, and recreational activities? Y \_\_\_ N \_\_\_

If yes, how often do you get to participate in extra activities: \_\_\_\_\_

4. Do you often run out of money? Y \_\_\_ N \_\_\_ If yes, how often? \_\_\_\_\_

**GOALS/PLANS FOR THE FUTURE:**

1. How would you like things to be? (In the future?) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. What do you want to change most in your life?

\_\_\_\_\_  
\_\_\_\_\_

3. What are some of your other goals?

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4. What steps will you need to take to achieve your goals?

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5. How would you determine the first thing that you need to do, to accomplish the goals that you want most? You have actually made the first step, by filling out this application.

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\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**Please return this completed application in the postage paid envelope provided with this application to our office at:**

**700 W. Beale Street Kingman, Az. 86401 Attn: FSS Coordinator**

The FSS Program Coordinator will contact you for an appointment once the application has been received and reviewed. If you do not receive contact from MCHA within 2 weeks of mailing your application, please contact the office to follow up on your application status.

If you chose to proceed with the enrollment in the FSS Program, your housing assistance will be managed by the FSS Coordinator who will also be working with you to accomplish the items listed on this application. Goals change with time, and this program is designed to help you accomplish those goals. You will have to put the effort into this program if you want to succeed. No two people's self-sufficiency plan is the same. You begin your journey by returning this application. I look forward to meeting with you.