

Caribou Housing Agency Family Self-Sufficiency Enrollment Form

Today's Date _____

Applicant Information

Name _____

Address _____

Home phone _____ Work phone _____

Date of Birth _____

Additional Household Members

Name	Birth Date/Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

5 Years from now...

Describe what you would like your life to be like 5 years from now... _____

Education

Highest level of schooling completed (circle one) **1 2 3 4 5 6 7 8 9 10 11 12**

College **1 2 3 4 >4** Degree _____ Major _____

Are you currently enrolled in school? Yes No

Pursuing what degree? GED Certificate Associates Bachelors Masters

Major _____

If not currently in school, are you interested in enrolling? Yes No

What are your educational interests? _____

Employment

Are you currently employed? Yes No For how long? _____

Name of Employer _____

Your position _____ Rate of Pay _____ Hours per week _____

Does your employer offer opportunities for advancement? Yes No

If not, how long have you been unemployed? _____ Unemp. Benefits? Yes No

Previous employment history...start with most recent:

Name of employer _____ Dates _____

Your position _____ Rate of Pay _____

Reason for leaving _____

Name of employer _____ Dates _____

Your position _____ Rate of Pay _____

Reason for leaving _____

What are your career interests? _____

Current Needs

- | | |
|---|--|
| <input type="checkbox"/> Need a better job | <input type="checkbox"/> Homeownership services |
| <input type="checkbox"/> GED/Adult Diploma | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> College/Technical School | <input type="checkbox"/> Childcare |
| <input type="checkbox"/> Job Training | <input type="checkbox"/> Job search assistance |
| <input type="checkbox"/> Help managing money | <input type="checkbox"/> Entrepreneurship training |

Is there anything else that you or your family need? _____

What types of assistance are you and your family currently receiving?

- | | | |
|--|---|---|
| <input type="checkbox"/> TANF | <input type="checkbox"/> ASPIRE | <input type="checkbox"/> Counseling |
| <input type="checkbox"/> MaineCare | <input type="checkbox"/> General Assistance | <input type="checkbox"/> Vocational Rehab |
| <input type="checkbox"/> Food Stamps | <input type="checkbox"/> Fuel Assistance | <input type="checkbox"/> SSI |
| <input type="checkbox"/> Workers Comp. | <input type="checkbox"/> Unemployment | <input type="checkbox"/> Child Support |
| <input type="checkbox"/> Other _____ | | |

Final goal: Seek and maintain full-time employment which will support self-sufficiency	Target Date	Date Completed
Goal #1:		
Task:		
Task:		
Task:		
Goal #2:		
Task:		
Task:		
Task:		
Goal #3:		
Task:		
Task:		
Task:		
Goal #4:		
Task:		
Task:		
Task:		
Goal #5:		
Task::		
Task:		
Task:		

Participant Signature: _____

Date: _____