

APPLICATION TO PARTICIPATE IN BOULDER COUNTY'S FAMILY SELF-SUFFICIENCY PROGRAM

**Are you interested in improving your education or job training?
There is a BCHA program that wants to help you get ahead!**

Family Self-Sufficiency (FSS) is a 5-year program designed to help low-income families gain education and job skills in order to improve their family's financial situation and move toward self-sufficiency.

Who Can Participate?

FSS is open to low-income families who are interested in pursuing further education for a GED, high school diploma, training certificate or college degree, with the end goal of securing stable employment.

How Does FSS Work?

Family Self-Sufficiency support specialists work individually with participants to set educational, job training, and career goals that will lead to better paying jobs. Together with your support specialist, you will determine where you stand now, where you want to be, and how to get there. In partnership with Boulder County Housing Authority and Boulder Housing Partners, FSS applicants who do not have a Housing Choice Voucher are eligible for housing assistance for the five years they are active in the FSS program. Support specialists help participants access services in the community that assist with resources such as tuition, childcare, housing, transportation, and personal support. FSS participants are expected to continually be actively pursuing an educational and/or employment goal, attend community classes (such as financial education or parenting classes), and complete other related activities that will assist them in reaching their individualized goals.

How can I get started?

The first step is to complete the attached application, recommendation form, and personal statement form, and then mail, email or fax all completed forms to FSS. After FSS receives the completed forms, each applicant will be contacted and invited to begin the interview process with FSS staff to determine eligibility and motivation for the program. After the initial interview, the applicant may be asked to complete several short-term goals. When the goals have been completed, the applicant will be added to the FSS waitlist (if applicable). Applicants on the FSS waitlist will be expected to take steps toward their identified goals, and FSS support specialists will check in with applicants monthly to ensure progress is being made. ***A spot on the FSS waitlist does not guarantee FSS participation or housing eligibility.*** For those applicants without a Housing Choice Voucher, once the applicant has moved to the top of the FSS waitlist and has been approved for a housing unit, a support specialist will be assigned. The FSS program can last up to five years, depending on the individual needs of each participant.

For More Information

Contact the Boulder County Housing Authority/ FSS Program at:

Telephone: 303-441-3923 (Boulder) or 303-441-1221 (Bilingual)

Address: 2685-A Mapleton Ave., Boulder, CO 80304

Website: www.fssbouldercounty.org

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Return to:

Boulder County Housing Authority
Attn: Family Self-Sufficiency
2685-A Mapleton Ave.
Boulder, CO 80304

Email: kfrye@bouldercounty.org
Phone: 303-441-3923
Fax: 303-441-4852

Date _____

Head of Household Name _____ Birth date ___/___/___

Address _____ City, State, Zip _____

Phone _____ Other Phone _____

Email _____ Preferred method of contact _____

How long have you lived in Boulder County? _____

Race: Caucasian African American Asian Native American Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Non-Hispanic Medical Insurance? Yes No

Other members of household:

Name _____ Birth date ___/___/___ Age ____ Gender ____

Race: Caucasian African American Asian Native American Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Non-Hispanic Medical Insurance? Yes No

Name _____ Birth date ___/___/___ Age ____ Gender ____

Race: Caucasian African American Asian Native American Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Non-Hispanic Medical Insurance? Yes No

Name _____ Birth date ___/___/___ Age ____ Gender ____

Race: Caucasian African American Asian Native American Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Non-Hispanic Medical Insurance? Yes No

Name _____ Birth date ___/___/___ Age ____ Gender ____

Race: Caucasian African American Asian Native American Hawaiian/Pacific Islander Other
Ethnicity: Hispanic/Latino Non-Hispanic Medical Insurance? Yes No

Are you a high school graduate? Yes ____ No ____

If not a HS graduate, do you have a GED? Yes ____ No ____

Have you attended college? Yes ____ No ____

Do you have a post-secondary degree/certificate? Yes ____ No ____

If yes, what is your degree/certificate? _____

Have you defaulted on a student loan? Yes ____ No ____

Have you received any vocational training? Yes ____ No ____

If yes, what kind of training? _____

Are you currently employed? Yes ____ No ____ Where? _____

How long employed there? _____ What kind of work? _____

Number of hours worked per week _____ Hourly wage \$ _____ Monthly income \$ _____

Have you ever worked with, or are currently working with, Workforce Boulder County?

Yes ____ No ____ When? _____ For how long? _____

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| | | | |
|---------------------------|-------|-------|--------------------------------------|
| <u>Are you receiving:</u> | Yes | No | |
| TANF | _____ | _____ | Total months used in lifetime? _____ |
| Child Support | _____ | _____ | |
| Food stamps | _____ | _____ | |
| CCAP | _____ | _____ | |
| Unemployment | _____ | _____ | |
| SSI/SSDI | _____ | _____ | |
| Other (please specify): | _____ | | |

Describe the type of work you would like to do.

What training or education do you need in order to do this work?

Do you have any special circumstances that could keep you from training or education? (Please explain)

If this career is not possible, do you have other choices?

Have you worked with a career counselor and/or a personal counselor? Please describe.

Do you have any questions about Family Self-Sufficiency?

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***** All FSS applicants (who do not yet have a Housing Choice Voucher) must be eligible for housing assistance. Past criminal activities & convictions may exclude you from housing assistance. *****

Have you ever received housing assistance before? Yes _____ No _____
If yes, which housing authority? _____ Why did you leave? _____

Are you currently receiving housing assistance? Yes _____ No _____
If yes, which housing authority? _____

Have you received any assistance from the Housing Stabilization Program? Yes _____ No _____
If yes, what agency referred you? _____

How long did you receive assistance under HSP? _____

For applicants **without** a Housing Choice Voucher:

If approved for FSS, you will move into a designated FSS housing unit. Do you have a preference of where you would like to live? (Please check all that apply):

_____ Boulder _____ Lafayette

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AUTHORIZATION FOR RELEASE OF INFORMATION

As a FSS applicant, you may be involved with other community agencies that are assisting you in your self-sufficiency goals. In order to best assess your FSS eligibility, we often need to collaborate with other agencies. Your permission is required in order to speak with agency representatives who may be involved in assisting you with services.

*By signing the authorization form below, you give your approval for information to be shared between agency representatives. **Strict confidentiality will be observed.** Your information will only be discussed to the extent needed to acquire necessary services, and will be shared only between FSS and the agencies listed below. Communication with any other individual or agency regarding your case will only occur with your special consent.*

I give my consent to FSS support specialists, and to the following agencies indicated below to exchange pertinent information regarding my case. The information released may be written or verbal and contain the following information: name, address, contact information, type of assistance provided to the entities listed in this Release, case management, financial assistance, and housing services. I also authorize the release of any information listed in this application and supporting documentation for the purpose of verifying this application. If the FSS support specialists need additional information while on the FSS waitlist, I may be asked to sign additional authorizations as needed.

- Emergency Family Assistance Association (EFAA)
- The OUR Center
- Sister Carmen Community Center
- HCV/Section 8 or Public Housing representative
- Front Range Community College
- Boulder County Head Start
- Boulder County Department of Housing and Human Services
- Genesis Program
- Boulder County Housing Authority and Boulder Housing Partners personnel
- Mother House

This authorization for release of information is valid as long as the undersigned FSS applicant retains an active status on the FSS waitlist.

FSS Applicant signature: _____

Date: _____

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FSS Applicant: Please provide one letter of recommendation at the time of application from someone who has known you for at least six months, who is not a friend or relative, and who knows your strengths (i.e. teacher, social worker, case worker, therapist, clergy person, or employer). If you have questions regarding the letter of recommendation, please call us at 303-441-3923.

LETTER OF RECOMMENDATION: The individual named below is applying to participate in Boulder County's Family Self-Sufficiency program. We appreciate any feedback you can provide about the participant. Please use an additional sheet to write your comments.

APPLICANT NAME _____ DATE _____

1. Why do you feel this person is ready to begin a school or job training program at this time?
2. What qualities does the applicant possess that will enable him or her to be successful in becoming self-sufficient?
3. Do you have knowledge of any special circumstances or barriers the applicant would need to overcome in order to become self-sufficient?
4. Please provide feedback on one or two areas that you feel the applicant can work on to help her/him reach their goals. (example: better time management skills).
5. FSS is a 5-year program. In your opinion, does the applicant demonstrate the capacity/willingness to follow through with responsibilities (i.e. monthly case management meetings, working towards educational goals, etc.)? Please give specific examples from your observation of the applicant's ability to follow through.

Reference name: _____

Your email address or phone number: _____

Month/years you have known applicant: _____

Relationship to applicant: _____

Name and address of employment/agency/location where you knew applicant: _____

Please note that we may contact you at the email address or phone number you have listed above to verify information provide in this Letter of Recommendation.

Staff notes only:
