

FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INFORMATION

The Family Self-Sufficiency (FSS) Program is available to families and individuals who currently receive Section 8 housing choice Voucher Rental Assistance from the McKean County Housing Authority. Participation is voluntary and open to those who are interested in improving their current situation by setting goals for their future. While doing so the participant (you) can earn money through a savings/escrow account while becoming financially stable.

The participant decides what goals they want to address first and how they plan to achieve that goal in order to become economically independent. The case manager will offer assistance in helping you to develop your goals and locating services. These goals may include education, specialized training, job readiness and job placement activities, and career advancement objectives. The FSS Program is a source of support and encouragement.

One of the most rewarding benefits of participating in the FSS Program is the savings/escrow account. Once participants have an increase in earned income, the escrow account is established. The monthly amount is credited to the participant's escrow account based on the increases in the participants earned income during the term of the FSS contract. Participants receive the balance of the escrow account upon successful completion of the program. The participant may use this money as they wish. They may purchase a house, start a business, buy a car, pay off debts – it is your choice.

The FSS Program is a five-year program, although you can complete the program before the five years. Also due to unexpected circumstances, the contract may be extended up to two years longer. Once you have achieved your goals and you have not received cash assistance for at least one year; you will graduate from the program and receive your escrow money, if applicable. If your total tenant payment exceeds the fair market rent – you will automatically have fulfilled the FSS Contract. If you have fulfilled your goals but you are still receiving rental assistance, you will still receive your rental assistance as well as your escrow account, if applicable.

The FSS Program can make a huge difference in your life. No goal is too large or too small. Again, this is a voluntary program; you set the goals. You have nothing to lose but everything to gain. The difference is YOU!!!

What must you do to apply? Fill out the attached Family Self-Sufficiency Survey Form and sign at the signature line for Participant. The FSS coordinator will be contacting you to get your goals set up.

FAMILY SELF-SUFFICIENCY SURVEY FORM

After reading the information on the Family Self-Sufficiency (FSS) Program, please complete this brief survey. All information provided on the survey will remain confidential. The survey result will be used only to help the McKean County Housing Authority develop a program that will best help you. Please return the form to MCHA within 14 business days. **PLEASE PRINT**

1. What is the highest grade you completed in school? (Circle one of the following).
7 8 9 10 11 12 GED or Degree: _____

2. Are you currently attending school? _____ Yes _____ No
If yes, where? _____
What is your goal? _____

3. Are you currently employed? _____ Yes _____ No Where? _____
Position: _____ Wages: _____
Last Employment: _____

4. Current type of income? _____ Amount: _____

5. Do you receive benefits from the Department of Public Welfare? _____ Yes _____ No
Cash Assistance: \$ _____ Food Stamps: \$ _____
Medical Assistance: _____ Yes _____ No

6. Do you currently receive services from JOBSS or JTPA? _____ Yes _____ No

7. What types of assistance would your family need in order to be able to go out and work a full-time job? (please check all that apply)

<input type="checkbox"/> Housing	<input type="checkbox"/> Employment	<input type="checkbox"/> Education
<input type="checkbox"/> Child Care	<input type="checkbox"/> Transportation	<input type="checkbox"/> Job Training
<input type="checkbox"/> Medical	<input type="checkbox"/> Dental	<input type="checkbox"/> Eye
<input type="checkbox"/> Budgeting	<input type="checkbox"/> Parenting	<input type="checkbox"/> Counseling
<input type="checkbox"/> GED	<input type="checkbox"/> Grants	<input type="checkbox"/> Literacy

8. Please describe what services your family may specifically need to help you become financial independent: _____

9. If you could have any type of job, what would you like to do? _____

10. Please check on of the following:

- I would like to know more about the FSS Program.
 - Contact me at a later date. When would be a good time? _____
 - I am not interested in the FSS Program because: _____
-

Signature

Date

Address

Telephone Number