

**BOISE CITY/ADA COUNTY HOUSING AUTHORITY**  
**Family Self-Sufficiency Program**  
 Pre-Enrollment Application

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Best time to call \_\_\_\_\_

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

Name of Family Member	Relationship to Head of Household	Age	Sex	Ethnicity (Optional)	Disability Yes/No

2. Please list all employment in your household.

Family Member	Employer/Occupation	Hours per Week	Rate of Pay	Insurance Benefits?	Other Benefits?

3. Are you currently working with a case worker through any of the following programs?  
 Yes/No (Please circle) If yes, please indicate.  JOBS  JTPA   
 Probation and Parole  Vocational Rehabilitation  Homeward Bound  
 Other Case Manager's name: \_\_\_\_\_

4. Do you receive any state or federal welfare, as listed below? Please check all that apply.  
 AFDC  SSI  SSDI  AABD  Food Stamps  
 Medicaid

5. Please check the agencies you have visited, or services you have received in the last six months.

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|---|--|
| <input type="checkbox"/> Department of Health & Welfare | <input type="checkbox"/> BNHS                          |
| <input type="checkbox"/> Salvation Army                 | <input type="checkbox"/> Emergency food                |
| <input type="checkbox"/> Job Service                    | <input type="checkbox"/> Homeless shelter              |
| <input type="checkbox"/> WCA                            | <input type="checkbox"/> Community classes             |
| <input type="checkbox"/> JOBS/JTPA                      | <input type="checkbox"/> Vocational/technical school   |
| <input type="checkbox"/> Child Care Connections         | <input type="checkbox"/> Alcohol or drug program       |
| <input type="checkbox"/> Head Start                     | <input type="checkbox"/> Health care, doctor or clinic |
|   | <input type="checkbox"/> Other (Please list below)     |
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6. Other than housing, what needs do you currently have? *Please check all that apply.*

**Education & Training**

- GED
- To finish college
- To learn a trade, or specific job skills

**Job Search/Job Placement**

- To find a job
- Career counseling
- To write a resume
- A better job
- Job interview skills

**Transportation**

- Access to public transportation
- Money for public transportation
- To get a driver's license
- Help with car repairs
- My own car

**Child Care/Parenting**

- Help paying for child care
- To find quality child care
- Parenting classes or workshops
- Help to pay for children's school needs & activities

**Health Services**

- Medical/dental for myself
- Medical/dental for my family

**Counseling**

- Alcohol or substance abuse counseling
- Family counseling

**Personal/Budgeting/Finance**

- To reduce debt
- More income for groceries
- More income to pay bills each month
- Clothing - especially for work
- Home ownership counseling
- Money management training
- Help with a legal problem
- I need to raise my self-esteem

**What is the most important need you and your family have right now?**

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7. Do you have a car? Yes\_\_\_ No\_\_\_ Do you have liability insurance? Yes\_\_\_ No\_\_\_
8. How many actual years of school have you completed?\_\_\_ Do you have a high school diploma or a GED? Yes\_\_\_ No\_\_\_
9. Do you **speak** English? Yes\_\_\_ No\_\_\_ If no, what language(s) do you speak?\_\_\_\_\_ Do you have an English tutor? Yes \_\_\_ No\_\_\_