




**C. Education**

Please select the highest level of education you have completed:

8<sup>th</sup> grade or lower, years completed:

\_\_\_\_\_

High school (no diploma), years completed: \_\_\_\_\_

High school (diploma/GED/HiSET)

College (no degree), years completed:

\_\_\_\_\_

College, degree achieved:

\_\_\_\_\_

Are you currently enrolled in any of the following?

High school/GED/HiSET

College courses

Vocational School

Apprenticeship Program

Other trainings

Please explain current school enrollment status (if applicable):

\_\_\_\_\_

\_\_\_\_\_

**D. Employment**

Are you currently employed?            YES                            NO

If yes: Start Date (month/year) : \_\_\_\_\_

Job Title/Employer: \_\_\_\_\_

Rate of Pay: \$ \_\_\_\_\_/hr.                            Circle one:    Part-time                            Full-time

Check off benefits that you have through work:

Health Insurance

401K or other Retirement Account

Dental Insurance



Please list any previous job held and/or skills, areas of interest, etc.: \_\_\_\_\_

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Federal FSS program regulations require that the FSS Head of Household seek and maintain appropriate/suitable employment and be employed at program graduation to receive the escrow check.

Are you willing and able to work on either a part-time or full-time basis?    YES                      NO

**E. Support Services**

If you are selected to participate in the FSS Program, what support services would you need referrals to? Please check all that may apply.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Child care    | <input type="checkbox"/> Transportation   | <input type="checkbox"/> Continued education        |
| <input type="checkbox"/> Medical care  | <input type="checkbox"/> Counseling       | <input type="checkbox"/> Budgeting/money management |
| <input type="checkbox"/> Job placement | <input type="checkbox"/> Food assistance  | <input type="checkbox"/> Resume writing             |
| <input type="checkbox"/> Job search    | <input type="checkbox"/> Parent education | <input type="checkbox"/> Mental health services     |

Do you currently receive any of the following? (Check ALL that apply)

- |                               |                                      |                                   |  |
|-------------------------------|--------------------------------------|-----------------------------------|--|
| <input type="checkbox"/> TANF | <input type="checkbox"/> Food stamps | <input type="checkbox"/> Medicaid | <input type="checkbox"/> Disability/APTD |
|-------------------------------|--------------------------------------|-----------------------------------|--|

**F. Community Connections**

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

- |  |  |
|--|--|
| <input type="checkbox"/> Health Department                           | <input type="checkbox"/> Easterseals               |
| <input type="checkbox"/> Food Pantry (i.e. New Horizons)             | <input type="checkbox"/> Child and Family Services |
| <input type="checkbox"/> Welfare Department                          | <input type="checkbox"/> Job Training Program      |
| <input type="checkbox"/> Mental Health Center or Clinic              | <input type="checkbox"/> Vocational Rehab          |
| <input type="checkbox"/> Shelter (i.e. Families in Transition)       | <input type="checkbox"/> Way Point                 |
| <input type="checkbox"/> Southern NH Services (Fuel Assistance, WIC) |  |

Other (please specify): \_\_\_\_\_



**G. Interest**

Have you previously graduated (*received escrow check*) from the MHRA FSS Program?  
YES                      NO

How did you hear about the First Steps to Success Program?

- HCV Caseworker                       PH Property Manager                       MHRA Website
- Current program participant     Resident / Family Services
- Other: \_\_\_\_\_

Why would you like to join?

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What are your goals for...

The next 6 months	The next year	The next 3 years

**H. Language Assistance**

What is your primary language? \_\_\_\_\_

Do you require translation services?    YES                      NO

**Certification**

I certify that the information and statements provided in this application are true to the best of my knowledge and belief. I understand that any false statements or misinformation could be considered just cause for my termination from the First Steps to Success Program.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

