

C. Education

Please select the highest level of education you have completed:

8th 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. Select 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.: _____

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?

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

