



<b>Head of Household:</b>	<b>Sally</b>	<b>Housing</b>	T Number:	1253
SSN :			Email	<a href="mailto:sally@housing.org">sally@housing.org</a>
Contract Dates:	2/1/2017 to 1/31/2022		Annual Rx	1
Identified Barriers:	<input checked="" type="checkbox"/> Academic <input type="checkbox"/> Child/ Dependent Care <input checked="" type="checkbox"/> Community Connection <input type="checkbox"/> Credit/ Debt <input type="checkbox"/> Transportation <input checked="" type="checkbox"/> Employment Skills/ History <input type="checkbox"/> Health		Service Providers:	<input checked="" type="checkbox"/> DOL/ Job Center <input type="checkbox"/> EHSD/ TANF <input type="checkbox"/> Employer <input type="checkbox"/> College/ University <input checked="" type="checkbox"/> SparkPoint <input type="checkbox"/> Other Credit <input type="checkbox"/> Homeownership <input type="checkbox"/> CHDC <input type="checkbox"/> Healthcare
Participant Signature:			Date:	
FSS Coordinator:			Date:	

**Prior to graduation (expiration of contract) I will be prepared to provide the four listed items below:**

- Verification of full-time employment for 12 consecutive months prior to graduation.
- Written Certification that you have completed your goals and verification from responsible parties
- Verification that no member of the household has received cash assistance in the 12 consecutive months prior to graduation.
- Written statement indicating whether or not I will need to stay on the Section 8 Housing Choice Voucher program

**Remaining a participant in the Family Self-Sufficiency Program includes but is not limited to the following responsibilities:**

- Participating in scheduled case management appointments
- Completing and returning all Annual Progress Reports
- Connecting to referrals provided and actively seeking and/ or maintaining suitable employment
- Reporting household income changes or changes in household composition in writing with supporting documentation within 10 days of the change
- Paying my rent each and every month to my landlord/ rental property owner and maintaining family obligations



Individual Training and Services Plan  
 Family Self Sufficiency Program

Head of Household Sally Housing

Tenant Number: 1253

	Earned Income	I.I.P.	Annual Income
COP:	\$4,000	\$400	\$5,000
Year 1:	\$6,000	\$600	\$8,000
Year 2:			
Year 3:			
Year 4:			
Year 5:			
Ext1:			
Ext2:			
Total	50%	50%	60%

	Date
ANNUAL RX EFFECTIVE	1/1/2017
FSS ORIENTATION DATE	12/1/2016
FSS ENROLLMENT DATE	1/10/2017
COP EXTENSION DATE:	
START OF FT EMPLOYMENT	
END OF CASH ASSISTANCE	
FIRST MONTH OF ESCROW	
FINAL GOAL COMPLETED	
INTERIM GOAL 1 COMPLETED	
INTERIM GOAL 2 COMPLETED	

**FINAL GOAL**

Client will mediate barriers to long term self-sufficiency by securing full time employment in the medical field

Final Goal Change

Date:

Participant Signature:		Date:	
FSS Coordinator:		Date:	

In order to secure full-time employment in the medical field, client will complete requirements for employment in IHSS work and complete 6 months experience in the field.

Date Completed:

	<u>Activites/ Services</u>	<u>Responsible Parties</u>	<u>Date</u>	<u>Progress</u>
1	Client will complete IHSS orientation to become eligible for employment.  <b>Complete By: 12/1/2017</b>	HOH IHSS	9/11/2017	Client submitted wage verification of employment within IHSS
	Completed: 9/1/2017 <input checked="" type="checkbox"/> verification received			
2	Client will complete intake appointment with DOR to explore supportive employment services.  <b>Complete By:</b>	HOH DOR	6/14/2017  2/1/2018	Client submitted verification of connection to DOR employment services  Client reports enrolling in employment training program paid for by DOR. Will provide verification upon completion
	Completed: 6/14/2017 <input checked="" type="checkbox"/> verification received			
3	Client will complete at least 6 months of experience in the same position (IHSS)  <b>Complete By: 12/1/2018</b>	HOH FSS		
	Completed: <input type="checkbox"/> verification received			
4	Client will connect to Job Center to complete employment assessment and 3 additional workshops (resume, interviewing, job search)  <b>Complete By: 6/1/2018</b>	HOH Job Center	1/1/2018	Client is scheduled for employment assessment at the Concord Job Center. Will forward Employment Plan as verification.
	Completed: <input type="checkbox"/> verification received			

In order to mediate barriers to long-term self-sufficiency, client will improve money and debt management (move Credit Score to 700)

Date Completed:

	Activites/ Services	Responsible Parties	Date	Progress
1	Client will not default on credit/ loan payments in the term of the F.S.S. contract.  <b>Complete By: Continuous</b>	HOH		
Completed: <input type="checkbox"/> verification received				
2	Client will use one independent tool for financial planning -incorporating an emergency savings account.  <b>Complete By: Continuous</b>	HOH Credit Karma Credit Union		
Completed: <input type="checkbox"/> verification received				
3	Client will explore IDA services to increase motivation towards self-sufficiency and financial empowerment.  <b>Complete By: 12/27/2020</b>	HOH CHDC OTHER		
Completed: <input type="checkbox"/> verification received				
4	Client will meet with financial/ debt management counseling (at least 3 times) for support creating and maintaining budget and credit and debt management plan  <b>Complete By: 1/1/2022</b>	Sparkpoint CHDC EMS	2/1/2018	Client attended SparkPoint orientation and scheduled a 1:1 debt counseling meeting. Provided appointment card as verification.
Completed: <input type="checkbox"/> verification received				

In order to be self-sufficient and graduate successfully from the FSS program the family will be free of cash assistance 12 consecutive months prior to graduation

Date Completed:

	<u>Activites/ Services</u>	<u>Responsible Parties</u>	<u>Date</u>	<u>Progress</u>
1	Will have ended all cash assistance of self and family to meet the requirement of the FSS program.  Complete By: 1/30/2021	HOH		
Completed:		<input type="checkbox"/> verification received		
2	Will provide written verification of cash assistance ending.  Complete By: 1/30/2021	HOH		
Completed:		<input type="checkbox"/> verification received		
3	Complete By:			
Completed:		<input type="checkbox"/> verification received		
4	Complete By:			
Completed:		<input type="checkbox"/> verification received		