

# APPLICATION TO PARTICIPATE IN BOULDER COUNTY'S FAMILY SELF-SUFFICIENCY PROGRAM

**Are you interested in improving your education or job training?**

**There is a BCHA program that wants to help you get ahead!**

Family Self-Sufficiency (FSS) is a 5-year program designed to help low-income families gain education and job skills in order to improve their family's financial situation and move toward self-sufficiency.

## **Who Can Participate?**

FSS is open to low-income families who are interested in pursuing further education for a GED, high school diploma, training certificate or college degree, with the end goal of securing stable employment.

## **How Does FSS Work?**

Family Self-Sufficiency case managers work individually with participants to set educational, job training, and career goals that will lead to better paying jobs. Together with your case manager, you will determine where you stand now, where you want to be, and how to get there. In partnership with Boulder County Housing Authority and Boulder Housing Partners, FSS provides housing assistance for the five years participants are active in the FSS program. Case managers help participants access services in the community that assist with resources such as tuition, childcare, housing, transportation, and personal support. FSS participants are expected to continually be actively pursuing an educational and/or employment goal, attend community classes (such as financial education or parenting classes), and complete other related activities that will assist them in reaching their individualized goals.

## **How can I get started?**

The first step is to complete the attached application, recommendation form, and personal statement form, and then mail or fax all completed forms to FSS. After FSS receives the completed forms, each applicant will be contacted and invited to begin the interview process with FSS staff to determine eligibility and motivation for the program. After the initial interview, the applicant will be asked to complete several short-term goals. When the goals have been completed, the applicant will be added to the FSS waitlist. Applicants on the FSS waitlist will be expected to take steps toward their identified goals, and FSS case managers will check in with applicants monthly to ensure progress is being made. Applicants will be asked to attend a face-to-face follow-up interview after 6 months on the waitlist. ***A spot on the FSS waitlist does not guarantee FSS participation or housing eligibility.*** Once the applicant has moved to the top of the FSS waitlist and has been approved for a housing unit, a case manager will be assigned. The FSS program can last up to five years, depending on the individual needs of each participant.

## **For More Information**

Contact the Boulder County Housing Authority/ FSS Program at:

**Telephone: 303-441-3923 (Boulder) or 303-441-1221 (Bilingual)**

**Address: 2685-A Mapleton Ave., Boulder, CO 80304**

**Website: [www.fssbouldercounty.org](http://www.fssbouldercounty.org)**

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**Return to:**

Boulder County Housing Authority  
Attn: Family Self-Sufficiency  
2685-A Mapleton Ave.  
Boulder, CO 80304

Phone: 303-441-3923  
Fax: 303-441-4852

Date \_\_\_\_\_ Social Security # \_\_\_\_\_

Head of Household Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Other Phone \_\_\_\_\_

Email \_\_\_\_\_ Preferred method of contact \_\_\_\_\_

How long have you lived in Boulder County? \_\_\_\_\_

Race:  Caucasian  African American  Asian  Native American  Hawaiian/Pacific Islander  Other  
Ethnicity:  Hispanic/Latino  Non-Hispanic Medical Insurance?  Yes  No

**Other members of household:**

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Race:  Caucasian  African American  Asian  Native American  Hawaiian/Pacific Islander  Other  
Ethnicity:  Hispanic/Latino  Non-Hispanic Medical Insurance?  Yes  No

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Race:  Caucasian  African American  Asian  Native American  Hawaiian/Pacific Islander  Other  
Ethnicity:  Hispanic/Latino  Non-Hispanic Medical Insurance?  Yes  No

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Race:  Caucasian  African American  Asian  Native American  Hawaiian/Pacific Islander  Other  
Ethnicity:  Hispanic/Latino  Non-Hispanic Medical Insurance?  Yes  No

Name \_\_\_\_\_ Birth date \_\_\_/\_\_\_/\_\_\_ Age \_\_\_\_ Gender \_\_\_\_

Race:  Caucasian  African American  Asian  Native American  Hawaiian/Pacific Islander  Other  
Ethnicity:  Hispanic/Latino  Non-Hispanic Medical Insurance?  Yes  No

Are you a high school graduate? Yes \_\_\_\_ No \_\_\_\_

If not a HS graduate, do you have a GED? Yes \_\_\_\_ No \_\_\_\_

Have you attended college? Yes \_\_\_\_ No \_\_\_\_

Do you have a post-secondary degree/certificate? Yes \_\_\_\_ No \_\_\_\_

If yes, what is your degree/certificate? \_\_\_\_\_

Have you defaulted on a student loan? Yes \_\_\_\_ No \_\_\_\_

Have you received any vocational training? Yes \_\_\_\_ No \_\_\_\_

If yes, what kind of training? \_\_\_\_\_

Are you currently employed? Yes \_\_\_\_ No \_\_\_\_ Where? \_\_\_\_\_

How long employed there? \_\_\_\_\_ What kind of work? \_\_\_\_\_

Number of hours worked per week \_\_\_\_\_ Hourly wage \$ \_\_\_\_\_ Monthly income \$ \_\_\_\_\_

Have you ever worked with, or are currently working with, Workforce Boulder County?

Yes \_\_\_\_ No \_\_\_\_ When? \_\_\_\_\_ For how long? \_\_\_\_\_

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<u>Are you receiving:</u>	Yes	No	
TANF	_____	_____	Total months used in lifetime? _____
Child Support	_____	_____	
Food stamps	_____	_____	
CCAP	_____	_____	
Unemployment	_____	_____	
SSI/SSDI	_____	_____	
Other (please specify):	_____		

Describe the type of work you would like to do.

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What training or education do you need in order to do this work?

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Do you have any special circumstances that could keep you from training or education? (Please explain)

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If this career is not possible, do you have other choices?

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Have you worked with a career counselor and/or a personal counselor? Please describe.

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Do you have any questions about Family Self-Sufficiency?

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**\*\*\* All FSS applicants must be eligible for housing assistance. Past criminal activities & convictions may exclude you from housing assistance. \*\*\***

Have you ever received housing assistance before? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which housing authority? \_\_\_\_\_ Why did you leave? \_\_\_\_\_

Are you currently receiving housing assistance? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, which housing authority? \_\_\_\_\_

Have you received any assistance from the Housing Stabilization Program? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, what agency referred you? \_\_\_\_\_

How long did you receive assistance under HSP? \_\_\_\_\_

If approved for FSS, you will move into a designated FSS housing unit. Do you have a preference of where you would like to live? (Please check all that apply):

\_\_\_\_\_ Boulder    \_\_\_\_\_ Lafayette    \_\_\_\_\_ Longmont    \_\_\_\_\_ Louisville

## APPLICATION TO PARTICIPATE IN BOULDER COUNTY'S FAMILY SELF-SUFFICIENCY PROGRAM

### AUTHORIZATION FOR RELEASE OF INFORMATION

*As a FSS applicant, you may be involved with other community agencies that are assisting you in your self-sufficiency goals. In order to best assess your FSS eligibility, we often need to collaborate with other agencies. Your permission is required in order to speak with agency representatives who may be involved in assisting you with services.*

*By signing the authorization form below, you give your approval for information to be shared between agency representatives. **Strict confidentiality will be observed.** Your information will only be discussed to the extent needed to acquire necessary services, and will be shared only between FSS and the agencies listed below. Communication with any other individual or agency regarding your case will only occur with your special consent.*

I give my consent to FSS case managers, and to the following agencies indicated below to exchange pertinent information regarding my case. The information released may be written or verbal and contain the following information: name, address, contact information, type of assistance provided to the entities listed in this Release, case management, financial assistance, and housing services. I also authorize the release of any information listed in this application and supporting documentation for the purpose of verifying this application. If the FSS case managers need additional information while on the FSS waitlist, I may be asked to sign additional authorizations as needed.

- Emergency Family Assistance Association (EFAA)
- The OUR Center
- Sister Carmen Community Center
- Section 8 or Public Housing representative
- Front Range Community College
- Boulder County Head Start
- Boulder County Department of Housing and Human Services
- Genesis Program
- Boulder County Housing Authority and Boulder Housing Partners personnel
- Mother House

This authorization for release of information is valid as long as the undersigned FSS applicant retains an active status on the FSS waitlist.

FSS Applicant signature: \_\_\_\_\_

Date: \_\_\_\_\_

## APPLICATION TO PARTICIPATE IN BOULDER COUNTY'S FAMILY SELF-SUFFICIENCY PROGRAM

**FSS Applicant:** Please provide one letter of recommendation at the time of application from someone who has known you for at least six months, who is not a friend or relative, and who knows your strengths (i.e. teacher, social worker, case worker, therapist, clergy person, or employer). If you have questions regarding the letter of recommendation, please call us at 303-441-3923.

**LETTER OF RECOMMENDATION:** The individual named below is applying to participate in Boulder County's Family Self-Sufficiency program. We appreciate any feedback you can provide about the participant. Please use an additional sheet to write your comments.

APPLICANT NAME \_\_\_\_\_ DATE \_\_\_\_\_

1. Why do you feel this person is ready to begin a school or job training program at this time?
2. What qualities does the applicant possess that will enable him or her to be successful in becoming self-sufficient?
3. Do you have knowledge of any special circumstances or barriers the applicant would need to overcome in order to become self-sufficient?
4. Please provide feedback on one or two areas that you feel the applicant can work on to help her/him reach their goals. (example: better time management skills).
5. FSS is a 5-year program. In your opinion, does the applicant demonstrate the capacity/willingness to follow through with responsibilities (i.e. monthly case management meetings, working towards educational goals, etc.)? Please give specific examples from your observation of the applicant's ability to follow through.

Reference name: \_\_\_\_\_

Your email address or phone number: \_\_\_\_\_

Month/years you have known applicant: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

Name and address of employment/agency/location where you knew applicant: \_\_\_\_\_

\_\_\_\_\_

Please note that we may contact you at the email address or phone number you have listed above to verify information provide in this Letter of Recommendation.

Staff notes only:

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\_\_\_\_\_  
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