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 support specialists work individually with participants to set educational, job training, and career goals that will lead to better paying jobs. Together with your support specialist, 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. Support specialists 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, email 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 support specialists will check in with applicants monthly to ensure progress is being made. Applicants may 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 support specialist 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
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Return to: Boulder County Housing Authority
Attn: Family Self-Sufficiency
2685-A Mapleton Ave.
Boulder, CO 80304

Email: kfrye@bouldercounty.org
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

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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<table>
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<tr>
<th>Are you receiving:</th>
<th>Yes</th>
<th>No</th>
<th>Total months used in lifetime?</th>
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<td>TANF</td>
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<td>Child Support</td>
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<td>Food stamps</td>
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<td>SSI/SSDI</td>
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<td>Other (please specify):</td>
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Describe the type of work you would like to do.
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

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

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

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

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

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
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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 support specialists, 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 support specialists 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:__________
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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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Family Self-Sufficiency
Applicant’s Personal Statement

Please provide a statement about yourself, addressing the following questions (Please attach an additional sheet if needed):

1. What is your plan to achieve your educational and/or career goals?

2. How do you believe that FSS can assist you in achieving your goals?

3. Please give an example of a time in your life when you had an obstacle, problem, and/or challenge and describe how you overcame it.

4. Is there anything else you would like FSS to know about you, your family, or your situation?