

BOULDER COUNTY'S FAMILY SELF-SUFFICIENCY (FSS) PROGRAM

Are you interested in Education or Training?

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

Family Self-Sufficiency (FSS) is a program designed to help low-income families gain education and job skills in order to improve their family's financial situation and overall quality of life.

Who Can Participate?

FSS is open to low-income families and single parents who either have Public Housing or Section 8 vouchers. In some cases we can assist families who do not have housing assistance. Individuals interested in pursuing further education for a GED, high school diploma, training certificate or college degree are encouraged to apply. Applicants may be enrolled in a school or a job training program, be receiving welfare, or be employed.

What Can FSS Do For Families?

Family Self-Sufficiency helps participants set training and educational goals that will lead to better paying jobs. Participants may receive assistance with tuition, childcare, housing, transportation, and personal support. FSS does not provide these services directly, but helps coordinate and access already existing resources in Boulder County.

How Does FSS Work?

The first step is to complete the attached application, recommendation form, and personal statement form, and then mail all completed forms to Family Self-Sufficiency. It is critical that all forms be mailed together or the process will be delayed. The recommendation form is to be completed by someone who has known you for at least six months or longer, who is not a friend or relative, and knows your strengths (i.e. teacher, social worker, therapist, clergy person, or mentor). After FSS receives the completed forms, each applicant will be contacted and invited to attend an interview with FSS staff to determine appropriateness for program. If accepted, the applicant will be placed on the FSS waitlist. Once the applicant has moved to the top of the waitlist, a case manager will be assigned. The applicant will be guided with setting realistic goals and obtaining assistance in reaching them (i.e. childcare during school, money for tuition and books, etc.) 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 303-682-6717 (Longmont)

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

Website: www.fssbouldercounty.org

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

Return to: Boulder County Housing Authority
 Attn: Family Self-Sufficiency
 2685 A Mapleton Ave. Phone: 303-441-3923
 Boulder, CO 80304 Fax: 303-441-4852

Date _____ Social Security # _____

Head of Household Name _____ Birth date ___/___/___

Address _____

City _____ Zip _____

Phone _____ Message Phone _____

Other members of household:

Name _____ Birth date ___/___/___ Age ____ Gender ____

Name _____ Birth date ___/___/___ Age ____ Gender ____

Name _____ Birth date ___/___/___ Age ____ Gender ____

Name _____ Birth date ___/___/___ Age ____ Gender ____

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 ____

Number of credits _____

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? _____

Have you ever worked with Workforce Boulder County (Work First)?

Yes ____ No ____ When? _____ For how long? _____

Are you currently employed? Yes ____ No ____ Where? _____

How long employed there? _____ What kind of work? _____

Number of hours worked per week _____

Hourly wage \$ _____ Annual work income \$ _____

<u>Are you receiving:</u>	Yes	No
TANF	_____	_____
Child Support	_____	_____
Food stamps	_____	_____
Unemployment	_____	_____
SSI	_____	_____
Other	_____	_____

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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?

What could get in your way of achieving self-sufficiency?

Do you have any questions about Family Self-Sufficiency?

*****Family Self-Sufficiency works with families who either have Public Housing or Section 8 vouchers through Boulder County Housing Authority, Boulder Housing Partners, or the Longmont Housing Authority. In some cases, we may be able to work with families without housing assistance if they are interested in living at identified FSS properties.**

All FSS participants 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 ___

Are you currently receiving housing assistance? Yes ___ No ___

If yes, which housing authority? _____

If no, which housing wait lists are you currently on?

- | | | |
|--------------------------|--|---------------------------------|
| <input type="checkbox"/> | Boulder County Housing Authority
3482 N Broadway, Boulder | 303-441-3929
How Long? _____ |
| <input type="checkbox"/> | Boulder Housing Partners, (City of Boulder)
4800 N. Broadway, Boulder | 720-564-4600
How Long? _____ |
| <input type="checkbox"/> | City of Longmont Housing Authority
900 Coffman, #C, Longmont | 303-651-8581
How Long? _____ |

Are you interested in housing at identified FSS properties? Yes ___ No ___

If yes, # of bedrooms needed: _____ and where? (Please check all that apply):

_____ Boulder _____ Lafayette _____ Longmont _____ Louisville

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I hereby give permission to the BCHA to perform whatever background investigations are necessary to verify my eligibility for its programs. This includes checking police records.

Signature of Head of Household

Date

If there are other adults 18 years or older living in the household they must also give permission to the BCHA to perform whatever background investigations are necessary to verify their eligibility for housing. This includes checking police records.

Signature of Adult 18 years or older

Date

Social Security Number

Date of Birth

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

FAMILY SELF-SUFFICIENCY – 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. Feel free to attach an additional sheet with other 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. From your perspective, what are the applicant's major strengths?

4. Do you have knowledge of any special circumstances or barriers the applicant would need to overcome in order to become self-sufficient?

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.

YOUR NAME _____ RELATIONSHIP _____
HOW LONG HAVE YOU KNOWN THE APPLICANT? _____

