



Salisbury-Rowan Community Action Agency, Inc. Department of Family Services Application

What is the Self-Sufficiency Program?

The Self-Sufficiency Program is designed to assist individuals and families who are committed to achieving economic self-sufficiency through work and educational participation. Individuals and families who are enrolled will receive assistance with reaching their overall goal of becoming self-sufficient through skills and vocational training, employment preparedness and education support.

Upon completion, the application will be placed on our program's waiting list, and will be processed in the order by which it was received. Upon program vacancy, the applicant will be contacted from the wait list to schedule an in office appointment. If it is determined that further information is required. It is the responsibility of the applicant to respond and / or provide the information within seven (7) business days of notification; otherwise the applicant will be removed from the waiting list.

The Self-Sufficiency Program is a non-entitlement program; therefore, Income alone does not qualify an applicant for program enrollment. Enrollment is based on the applicant's willingness to obtain self-sufficiency, available resources and the program's ability to provide assistance with the stated needs of the applicant.

Incomplete applications will not be accepted

Application Instructions

The following documentation and information is required for applicants:

1. Photo identification of all household members over the age of 18
Driver's license, Military I.D., State I.D.
2. Social security cards of everyone in the household
3. Proof of income from the past 3 months (90 days) for all household members
 - Paycheck stubs
 - Unemployment award letter
 - Layoff verification
 - Social security benefits
 - Child support
 - Work first (TANF)
 - Utility allowance
 - Food and nutrition services (Food Stamps)
 - Section 8 or Public housing verification

Last Revised 03/2019

Code of Conduct

It is the full intent of the Salisbury-Rowan Community Action Agency, Inc. to serve the needs of our community; however, in order to be considered for, and maintain program enrollment, program participants are expected to adhere to the Code of Conduct for the Self-Sufficiency Program.

Any violation of the code of conduct will result in automatic denial or termination.

- Applicants and program participants will refrain from any form of belligerent, threatening behavior or abuse of staff, program affiliates or other program participants including: physical, verbal, sexual, emotional/psychological
(Serious violations will be reported to the proper authorities)
- Using or being under the influence of illegal drugs and/or alcohol is prohibited while on Salisbury-Rowan Community Action Agency (SRCAA), Inc. property, or the property of program affiliates where SRCAA staff are located.

I understand that as a condition for being considered for enrollment or participating in the Self-Sufficiency program I must comply with the program's terms and standards of conduct. Failure to comply will result in program denial or termination of enrollment.

Print Name _____

Signature _____

Date _____

Date: _____

Case # _____

Department of Family Services Self-Sufficiency Program Application

Name: _____
 Last First Middle Initial Social Security #
XXX-XX-_____

Mailing address: _____
 City State Zip code

(____) _____ (____) _____
 Phone: Home Mobile Email address

- Own Homeless Living with Friend or relative
 Rent

Household Members

Name (last, first)	Relationship Husband (H) Wife (W) Son (S) Daughter (D) Other (O)	Date of Birth	Sex (M/F)	Race	Primary Language	Education Level	Income Source/ Amount (Employment, Child support, SSI, Utility allowance)
Head of Household							

Family Type (check one)

- Married
 Divorced
 Single person
 Widow
 Separated
 Single parent

Subsidized Assistance (check all that apply)

<input type="checkbox"/> Work First (TANF)
<input type="checkbox"/> Food and Nutrition Services (Food Stamps)
<input type="checkbox"/> Section 8
<input type="checkbox"/> HUD
<input type="checkbox"/> Medicaid
<input type="checkbox"/> Childcare Assistance (voucher)
<input type="checkbox"/> WIC

Education History

	Name	Major	Graduated (Yes/No)	Current (Certification)
High school				
College				
Graduate School				
Certification				
Vocational				

Employment History

Employer	Job title/ Position	Dates of Employment		Reason for Leaving
		Month/	Year	

How were you referred to Family Services?

- Head Start/Early Head Start (Name of Center) _____
- Department of Social Services (Name of Case worker) _____
- Other Service Agency _____
- Community Event _____
- Friend

Do you currently have children who are enrolled in Head Start? _____

If yes, what location _____

What other Salisbury-Rowan Community Action Agency Programs are you interested in learning more information about?

- Head Start
- Adult Basic Education /GED
- English as a Second Language (ESL)

What programs would you like to see offered at the Community Action Agency?

Describe the goals you are pursuing, and how you feel the Self-Sufficiency Program would benefit you and your family in achieving them?

I certify that the information given is true to the best of my knowledge.

Applicant Signature

Date

Last Revised 03/2019