



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 readiness, employment attainment, 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.

Incomplete applications will not be accepted

Application Instructions

1. The following documentation and information is required for applicants:
2. Photo identification of all household members over the age of 18
Driver's license, Military I.D., State I.D.
3. Social security cards of everyone in the household
4. 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

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.

Date: _____

Case # _____

Department of Family Services
Family 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
- Rent
- Homeless
- Living with Friend or relative

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?

- Other Salisbury-Rowan Community Action Agency Department _____
- 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 Family 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 07/2017