



Resident Opportunities & Self-Sufficiency Assessment

Personal Information:

Move In Date: _____

Name: _____ Acct #: _____

Address: _____
Street City State Zip

Contact Phone Numbers: _____
Home Work Cell

Email address: _____

Date of Birth: _____ Age: _____ Sex: () Male () Female

Income Source – Please check all that apply:

- () Employment () TANF () Unemployment () Child Support () SSI
- () Retirement () VA Benefits () Spousal Support () Workman’s Comp. () No Income
- () Other(s): _____

Do you have your own transportation? () Yes () No

Have you ever been convicted of a felony? () Yes () No
If yes, explain when? _____

Are you currently on parole / probation? () Yes () No

Family Information

How many children do you have? _____

Ages of children: _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____ / _____

Education Information

Do you have a high school diploma or GED? () Yes () No

Which? () Diploma () GED

If you do not have your high school diploma or GED, please circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do you have any college hours? () Yes () No If yes, how many and what was your major?
List college degree if applicable.

Employment History

Are you currently employed? () Yes () No If yes – complete the following information:

Start date of current employment: Month _____ Date _____ Year _____

Hours work per week _____ Rate of pay _____

If you are not currently employed, what are the most serious problems or barriers that prevent you from getting a job?

- () Lack of job skills/education () Domestic abuse in family () Health problems () Drug/Alcohol Use
- () Lack of transportation () Lack of child care () Language barriers () Family Problems
- () Lack of resume writing or job hunting skills () Lack of professional attire
- () Lack of emotional support () other: _____

Please describe your idea job. Include things like: idea pay rate, hours, benefits, environment, and job duties.

The Resident Opportunities and Self-Sufficiency (ROSS) program is a volunteer program. Are you willing to maintain regular contact with the ROSS Service Coordinator? () Yes () No

I, _____ certify that the information that I have forwarded is correct to the best of my knowledge.

Participant Signature

Date

ROSS Service Coordinator

Date