

**FAMILY SELF SUFFICIENCY PROGRAM
INDIVIDUAL TRAINING AND SERVICES PLAN**

Attachment _____

NAME OF PARTICIPANT:

SOCIAL SECURITY NUMBER: XXX-XX-

INTERIM GOAL:

The participant will increase self employment income to a point that the participant's household is self sufficient and successfully completes this contract.

DATE ACCOMPLISHED_____.

ACTIVITIES/SERVICES

RESPONSIBLE PARTIES

DATE/S

Develop and execute a business plan

Participant/FSS Coordinator

Attend small business workshops and participant seminars as determined by FSS Coordinator and participant.

Participant

Refer to qualified professionals and support services available for small businesses.

FSS Coordinator

COMMENTS:

This goal is to ensure that the participant's self employment business is able to generate the level of income necessary to successfully complete this contract. Supportive services that are available will be accessed and a referral provided by the FSS Coordinator.

SIGNATURES:

FAMILY

HOUSING AGENCY

(Participant)

(Signature of HA Representative)

(Date signed)

(Date signed)