

**BRAZOS VALLEY COUNCIL OF GOVERNMENTS
HOUSING CHOICE VOUCHER PROGRAM
FAMILY SELF-SUFFICIENCY MONTHLY ASSESSMENT – EDUCATION**

PARTICIPANT NAME: _____ **LAST FOUR DIGITS OF SOCIAL SECURITY #:** _____

HAVE THERE BEEN ANY CHANGES TO YOUR CONTACT INFORMATION? [] YES [] NO

HOME PHONE: (____) _____ **WORK PHONE:** (____) _____ **CELL PHONE:** (____) _____ **E-MAIL:** _____

List Full Name and Phone Numbers of Two (2) Relatives or Friends Who Know How To Contact You:

1) Full Name: _____ Phone: (____) _____

2) Full Name: _____ Phone: (____) _____

PART A. MONTHLY PROGRESS ASSESSMENT

1. Are you currently receiving TANF (Temporary Assistance for Needy Families) or Food Stamps? [] Yes [] No
2. Are you registered with Work in Texas? [] Yes [] No If yes, is your account active in WIT? [] Yes [] No
3. Do you have a current resume? [] Yes [] No If yes, is it electronically saved onto a computer? [] Yes [] No
4. Do you have a family budget? [] Yes [] No
5. Please verify the short-term goals you have achieved since your last Quarterly Progress Assessment. If you did not set any short-term goals on your last Quarterly Assessment, please leave this part blank.

Goal # 1) _____

Goal # 2) _____

Goal # 3) _____

BVCOG ONLY: Participant's current Annual Income: \$ _____

Is the Participant currently earning money in an escrow account? [] Yes [] No

PART B. EDUCATION ASSESSMENT

6. Do you have a learning disability? [] Yes [] No
7. Do you have your GED or High School Diploma? [] Yes [] No

If yes, from what high school or program: _____

8. If no, are you currently enrolled in a GED Program? [] Yes [] No

If no, please explain why you are not enrolled in a GED Program:

9. What is the highest grade of school that you have completed: _____

10. When are you going to apply to be in a GED Program? _____

11. When are you going to begin a GED Program? _____

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If you answered No to Question # 7 above, please skip Questions # 11 – 17:

12. Do you have an Associate's Degree or Certificate from a Community College (i.e. Blinn College)? [] Yes [] No

If yes, what was your Major or Certificate Program: _____

13. If no, are you currently enrolled in an Associate's Degree or Certificate Program? [] Yes [] No

If no, please explain why you are not enrolled in an Associate's Degree or Certificate Program:

14. Are you interested in an Associate's Degree or Certificate Program? [] Yes [] No

If yes, which Degree, Program or Career Field are you most interested in: _____

15. Have you already completed any college-credits or units? [] Yes [] No

If yes, how many hours or units: _____

What was your Major or Certificate Program: _____

16. When will you begin an Associate's Degree or Certificate Program? _____

17. When are you going to apply to begin an Associate's Degree or Certificate Program? _____

18. When are you going to apply to for Financial Aid? _____

PARTICIPANT CERTIFICATION

I/WE UNDERSTAND THAT I MAY BE TERMINATED FROM THE BVCOG HOUSING CHOICE VOUCHER PROGRAM FOR FAILURE TO MEET MY FAMILY RESPONSIBILITIES UNDER MY FSS CONTRACT OF PARTICIPATION.

I/WE UNDERSTAND THAT I MAY REQUEST AN INFORMAL HEARING TO APPEAL A TERMINATION OF MY HOUSING ASSISTANCE.

I DECLARE THAT THE INFORMATION PROVIDED ABOVE IS TRUE AND CORRECT AND TO THE BEST OF MY KNOWLEDGE AND BELIEF.

I/WE UNDERSTAND THAT ALL INCREASES IN INCOME, ASSETS AND CHANGES IN FAMILY COMPOSITION MUST BE REPORTED TO THE HOUSING CHOICE VOUCHER PROGRAM WITHIN TEN (10) BUSINESS DAYS BY COMING TO THE BVCOG REGIONAL SERVICE CENTER AND REQUESTING AN: 1) INTERIM CHANGE FORM; OR 2) OTHER APPROPRIATE VERIFICATION FORMS FOR THE CHANGE.

I/WE GIVE PERMISSION TO BVCOG TO SHARE THE INFORMATION OF ANY AND ALL ADULT HOUSEHOLD MEMBERS WITH PROJECT UNITY VIA THE CASE MANAGEMENT SOFTWARE "INTAKE 1". I/WE ACKNOWLEDGE AND UNDERSTAND THAT BVCOG MAY EMPLOY OR UTILIZE OTHER THIRD-PARTY AGENCIES OR ENTITIES, INCLUDING PROJECT UNITY, TO ASSIST ME IN COMPLETING MY GOALS TO ATTAIN SELF-SUFFICIENCY. I/WE GIVE PERMISSION FOR SUCH AGENCIES OR ENTITIES TO PERFORM THESE AND SIMILAR ACTIVITIES INCLUDING SHARING MY INFORMATION IN INTAKE 1 AND SHARING MY INFORMATION WITH ANY EMPLOYEES OF PROJECT UNITY WHO CAN ASSIST ME IN ATTAINING MY GOALS IN THE FAMILY SELF-SUFFICIENCY PROGRAM.

I/WE ARE AWARE THAT I AM SUBJECT TO PROSECUTION FOR PROVIDING FALSE OR FRAUDULENT INFORMATION.

Head of Household Signature

Date

Spouse or Other Adult Signature

Date

WARNING! TITLE 18, SECTION 1001 OF THE UNITED STATES CODE, STATES THAT A PERSON IS GUILTY OF A FELONY FOR KNOWINGLY AND WILLINGLY MAKING FALSE OR FRAUDULENT STATEMENTS TO ANY DEPARTMENT OR AGENCY OF THE UNITED STATES