



Clarion County Housing and Redevelopment Authority

8 West Main Street, Clarion, PA 16214

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FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INFORMATION

The Family Self-Sufficiency (FSS) Program is available to families and individuals who currently receive Section 8 Housing Choice Voucher Rental Assistance from the Clarion County Housing and Redevelopment Authority. Participation is voluntary and open to those who are interested in improving their current situation by setting goals for their future. While doing so the participant (you) can earn money through a savings/escrow account while becoming financially stable.

The participant decides what goals they want to address first and how they plan to achieve that goal in order to become economically independent. The case manager will offer assistance in helping you develop your goals and locating services. These goals may include education, specialized training, job readiness and job placement activities, and career advancement objectives. The FSS Program is a source of support and encouragement.

One of the most rewarding benefits of participating in the FSS Program is the savings/escrow account. Once participants have an increase in earned income the escrow account is established. The monthly amount is credited to the participant's escrow account based on the increases in the participants earned income during the term of the FSS contract. Participants receive the balance of the escrow account upon successful completion of the program. The participant may use this money as they wish. They may purchase a house, start a business, buy a car, pay off debts – it is your choice.

The FSS Program is a five-year program, although you can complete the program before the five years. Also due to unexpected circumstances, the contract may be extended up to two years longer. Once you have achieved your goals and you have not received cash assistance for at least one year; you will graduate from the program and receive your escrow money, if applicable. If your total tenant payment exceeds the fair market rent – you will still receive your rental assistance as well as your escrow account, if applicable.

The FSS Program can make a huge difference in your life. No goal is too large or too small. Again, this is a voluntary program; you set the goals. You have nothing to lose but everything to gain. The difference is YOU!!!

What must you do to apply? Fill out the attached Family Self-Sufficiency Survey Form and sign at the signature line for Participant. The FSS Coordinator will be contacting you to get your goals set up.

Clarion County Housing Authority prohibits discrimination in all of its activities on the basis of race, color, national origin, gender, religion, age, familial status, marital status, handicap or disability.

This institution is an equal opportunity housing provider and employer. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, or call (800) 795-3272 (voice), or (202) 720-6382 (TTD).





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FAMILY SELF-SUFFICIENCY SURVEY FORM

After reading the information on the Family Self- Sufficiency (FSS) Program, please complete this brief survey. All information provided on the survey will remain confidential. The survey result will be used only to help the Clarion County Housing Authority develop a program that will best help you.

PLEASE PRINT

1. Are you currently employed?

☐ Yes ☐ No

If yes, where _____

Position _____ Wage \$ _____

Date current employment began _____

☐ Full Time ☐ Part Time ☐ Not Employed

2. What is the highest grade you completed in school?

☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ GED ☐ Degree

3. Are you currently attending school?

☐ Yes ☐ No

If yes, where _____

What is your goal _____

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4. What is your current type of income?

Amount \$ _____

5. Check all that you are currently receiving

- | | | |
|--|--|--|
| ☐ Health Benefit | ☐ Medicaid | ☐ TANF |
| ☐ General Assist | ☐ Cash Assistance | ☐ Food Stamps |
| ☐ Medical Assistance | ☐ Earned Income Tax Credit | ☐ Retirement Benefit |
- Other** _____

6. Are you in need of

- | | | |
|-------------------------|-------------------------------------|------------------------------------|
| Education/Training | ☐ Yes | ☐ No |
| GED | ☐ Yes | ☐ No |
| High School | ☐ Yes | ☐ No |
| Post-Secondary | ☐ Yes | ☐ No |
| Job Retention | ☐ Yes | ☐ No |
| Transportation | ☐ Yes | ☐ No |
| Health Services | ☐ Yes | ☐ No |
| Drug Abuse Services | ☐ Yes | ☐ No |
| Mentoring | ☐ Yes | ☐ No |
| Child Care | ☐ Yes | ☐ No |
| Vocational/Job Training | ☐ Yes | ☐ No |

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Job Search/Placement ☐ **Yes** ☐ **No**

Homeownership Counseling ☐ **Yes** ☐ **No**

7. What types of assistance would your family need in order to be able to go out and work a full-time job?

- | | | |
|--|--|--|
| ☐ Housing | ☐ Employment | ☐ Education |
| ☐ Child Care | ☐ Transportation | ☐ Job Training |
| ☐ Medical | ☐ Dental | ☐ Eye |
| ☐ Budgeting | ☐ Parenting | ☐ Counseling |
| ☐ GED | ☐ Grants | ☐ Literacy |

8. Please describe what services your family may specifically need to help you become financially independent

9. If you could have any type of job, what would you like to do?

Please check one of the following

- ☐ **I would like to know more about the FSS Program.**
- ☐ **Contact me at a later date.**

When would be a good time? _____



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☐ I am not interested in the FSS Program because

Phone Number

Address

Printed Name

Signature

Date



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