

Questionnaire

Questions/Responses

Questionnaire: Evansville Housing Authority
Family Self-Sufficiency
Application and Assessment

Questions:

1. Do you have access to reliable transportation available when you need it?
Choose One
 No
 Yes

2. Do you have a valid Drivers License?
Choose One
 No
 Yes

3. Are you currently working? Circle FULL or PART-TIME? If yes provide start date.
Choose One
 No
 Yes

4. Please indicate the benefits offered by your current employer:
Choose as many that apply
 Health Care
 Other Benefits (Skill Training)
 Retirement Account (401k,Pension)

5. Do you have a current Resume?
Choose One
 No
 Yes

6. Are you looking for a different job?
Choose One
 No
 Yes

7. Are you currently receiving assistance with job search or job placement activities?
Choose One
 No
 Yes

8. Are you receiving vocational or other job training services?
Choose One
 No
 Yes

9. List any skills you have:
Please write response

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10. List any Certifications or Licenses:
Please write response
11. Do you have any work limitations? Please list
Please write response
12. Check times you are available to work?
Choose as many that apply
- 2ND SHIFT
 3RD SHIFT
 1ST SHIFT
 WEEKENDS
13. Have you had counseling in job retention?
Choose One
- No
 Yes
14. Is any member of your family currently working?
Choose One
- No
 Yes
15. Do you currently have reliable child care, if so for how many children?
Choose One
- No
 Yes
16. Do you need assistance with activities or child care for your children in the summer?
Choose One
- No
 Yes
17. Do you receive Child Support consistently through Support Collection Unit?
Choose One
- No
 Yes
18. Highest Grade Completed in school?
Please write response
19. Do you have a GED?
Choose One
- No
 Yes

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20. Are you currently enrolled in a GED program?

Choose One

- No
 Yes

21. Do you need a high school diploma?

Choose One

- No
 Yes

22. Are you currently enrolled in a high school program?

Choose One

- No
 Yes

23. Are you currently enrolled in a Post Secondary education program?

Choose One

- No
 Yes

24. If yes, what level are you currently enrolled in?

Choose One

- 1 year of college
 10 years of college
 11 years of college
 12 years of college
 12th grade
 2 years of college
 3 years of college
 4 years of college
 5 years of college
 6 years of college
 7 years of college
 8 years of college
 9 years of college

25. Other notes about education

Please write response

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26. If you are interested in counseling now, please indicate the counseling you are interested in below:

Choose as many that apply

- Alcohol
- Budgeting & Credit Counseling
- Clothing
- Depression
- Domestic Violence
- Drug
- Education Financial Aid Counseling
- Family Problems
- Food
- Health
- Heating/Utilities
- Life Threatening Disease
- Medical
- Mental Illness
- Motivation
- Stress
- Transportation

27. Are you or any members of your family receiving: Please list amount of assistance next to item.

Choose as many that apply

- America Works
- BOCES
- Cash Grant
- Emergency Food Stamps
- Food Stamps
- HEAP
- JTPA
- Medicaid with a spend down
- Medicaid/Medicare
- Pre-CAP/CAP Assistance
- Public Assistance (TANF)
- Social Security
- Subsidized Day Care Assistance
- Supplemental Security Inc
- Transitional Day Care
- Transitional Medicaid
- Unemployment Insurance
- Utility Voucher
- VESID
- Welfare Rent Money
- WIC
- Workers Compensation

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28. Do you have immediate needs?

Choose as many that apply

- Clothing
- Crisis Prevention
- Food
- Heating/Utilities
- Transportation

29. Do you want a mentor?

Choose One

- No
- Yes

30. Do you want counseling in Homeownership?

Choose One

- No
- Yes

31. Do you have a change in earned income that has not been reported yet?

Choose One

- No
- Yes

Notes: