



**FAMILY SELF-SUFFICIENCY
REFERRAL FORM**

Thank you for your interest in the Family Self-Sufficiency (FSS) program with CommUnify. The FSS program empowers families and individuals to attain the skills, knowledge and motivation to secure the opportunities needed to become self-supporting.

PART 1. GENERAL INFORMATION

First and Last Name			
Street Address	City	State	Zip
Mailing Address <i>(if different)</i>	City	State	Zip
Phone Number <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work		Alternate Phone # <input type="checkbox"/> Cell <input type="checkbox"/> Home <input type="checkbox"/> Work	
Who referred you to our program?			

PART 2. INCOME

1. Number of people in your household: _____ 2. Gross Household Income (<i>approx. monthly income</i>): \$ _____
3. What is your employment status? <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Migrant Seasonal Farm Worker <input type="checkbox"/> Unemployed (6 months or less) <input type="checkbox"/> Unemployed (more than 6 months) <input type="checkbox"/> Unemployed (not in labor force) <input type="checkbox"/> Retired

PART 3. NEEDS

<input type="checkbox"/> Rental/Mortgage Assistance or Security Deposit Assistance <input type="checkbox"/> Emergency Rental Assistance, a recent eviction notice is required <input type="checkbox"/> Utility Assistance, includes electricity, gas, and/or water <input type="checkbox"/> Course Certification Assistance
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PART 4. GOALS

1. I am interested in: <i>(Please check all that apply)</i>			
Education <input type="checkbox"/> Developing goals <input type="checkbox"/> Obtaining my GED/HS diploma <input type="checkbox"/> Taking ESL Classes <input type="checkbox"/> Getting a college degree	Employment <input type="checkbox"/> Career Exploration <input type="checkbox"/> Finding a job/better job <input type="checkbox"/> Upgrading my job skills <input type="checkbox"/> Completing a job training program	Financial Literacy <input type="checkbox"/> Learning about the importance of a savings/checking account (including emergency accounts) <input type="checkbox"/> Budgeting support <input type="checkbox"/> Understanding credit scores	Other <input type="checkbox"/> Finding/sustaining safe housing <input type="checkbox"/> Finding child care/better childcare <input type="checkbox"/> Other:

2. List 1-2 goals you are interested in accomplishing within the next 3 months.

3. What are your challenges to achieving your goals?

4. Why do you feel you would be a good fit for the program?

PART 5. SIGNATURE

The referring party has explained to me the purpose for this referral. I agree to be contacted by Family Self-Sufficiency staff and have a copy of this form faxed or e-mailed CommUnify.

Signature	Date
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I give verbal consent to submit the referral to the FSS program.

The FSS program will contact you within 3-5 business days from having received your referral form. For additional information about the program contact us via email or telephone.

Return completed form by e-mail or fax to:

e-mail: fss@CommUnifysb.org

Phone: 805-964-8857 x1106

Fax: 805-964-6798

FOR OFFICE USE ONLY

Staff Initials: _____

Date Received: _____

Income Eligible: Yes No

Prescreen on: _____