

Housing Mobility Program

FAMILY ASSESSMENT FORM

Date of Interview: ____/____/____

PART A: HOUSEHOLD INFORMATION		Voucher Number: _____	
Head of Household:		Age:	Race/Ethnicity:
Social Security No: / /	Gender: <input type="radio"/> Male <input type="radio"/> Female	Number of Family Members:	
Number of Adult Family Members:			
Current Address:		<input type="radio"/> Voluntary Move <input type="radio"/> Involuntary Move <input type="radio"/> Relocatee <input type="radio"/> FSS <input type="radio"/> MS Area	
Census Tract/ Poverty Rate: _____			
Community Area:			
Telephone: Work: _____		Cell: _____	
Emergency Contact:		Relationship:	
Address:		Telephone:	
Total Annual Family Income: \$		Monthly Rent Payment: \$	
Sources of Income: <input type="radio"/> TANF <input type="radio"/> Social Security <input type="radio"/> SSI <input type="radio"/> Salary/Wages <input type="radio"/> Child Support <input type="radio"/> Other:		Other Household Assistance: <input type="radio"/> Food Stamps; monthly allotment: \$ _____ <input type="radio"/> Childcare; source of assistance: _____ <input type="radio"/> Transportation; source/type of assistance: _____ <input type="radio"/> Utilities; source/type of assistance: _____ <input type="radio"/> Medical care; source/type of assistance: _____ <input type="radio"/> Nutritional supplement (e.g., WIC, Meals-on-Wheel, school lunch)	
If TANF recipient, estimated date of termination:			
TANF Case Manager:		Telephone:	
Agency:		Telephone:	

PART B: FAMILY INFORMATION (List all members residing in the household)				
Name	Relationship	Date of Birth	Age	Occupation (If student, grade in school)
1.	Head-of-Household	/ /		
2.		/ /		
3.		/ /		
4.		/ /		
5.		/ /		
6.		/ /		
7.		/ /		
8.		/ /		

PART C: FAMILY NEEDS ASSESSMENT

HEAD OF HOUSEHOLD/SPOUSE OR OTHER ADULT (Indicate which family member 1 or 2)

Education:

- Grammar School
- High School Diploma
- GED
- Vocational College degree: _____
- College; # of years: _____ degree: _____

Training Completed:

- Computer Literacy
- Word Processing
- General Clerical
- Medical: type: _____
- Job Skills Training; type: _____
- Other: _____

Training Certificates:

Special Skills:

Employment History

- | | |
|-------------|------------------------------|
| Job: | Length of Employment: |
| 1. | |
| 2. | |
| 3. | |

Training in Progress:

Training Institution:
Estimated Completion Date:

Current Services: (Complete all that apply)	Date Started	Service Provider	Completed
<ul style="list-style-type: none"> <input type="radio"/> Life Skills Training <input type="radio"/> Family Self-Sufficiency Program <input type="radio"/> Homeownership Counseling <input type="radio"/> Job Readiness <input type="radio"/> Job Search/Placement <input type="radio"/> GED Training/Testing <input type="radio"/> College/Vocational School <input type="radio"/> Family Counseling <input type="radio"/> Substance Abuse Counseling/Treatment <input type="radio"/> Crime Prevention Activities <input type="radio"/> Elderly Services <input type="radio"/> Parenting Classes <input type="radio"/> Tutoring <input type="radio"/> Healthcare <input type="radio"/> Credit Repair <input type="radio"/> Service Connector for Relocatees <input type="radio"/> Other: 			

Services needed

Other: _____

- Life Skills Training
- Housing Choice Voucher Program (Section 8)
- Homeownership Counseling
- Job Readiness
- Job Search/Placement
- GED Training/Testing
- College/Vocational School
- Family Counseling
- Substance Abuse Counseling/Treatment
- Crime Prevention Activities
- Elderly Services
- Parenting Classes
- Tutoring
- Healthcare
- Credit Repair

Interested in Homeownership: yes no

Accessible Housing Required: yes no

- Able to Work Unable to Work Able to Work with Restrictions

Notes:

- Community Activities:
Neighborhood Organization
Parent Volunteer
CAPS
 Other:

Part D: TRANSPORTATION & EMPLOYMENT

Do you have a driver's license? Yes No
If yes, do you have a car? Yes No

If you are employed, how long does it take you to get to your job?

- Less than 30 minutes
- Thirty minutes to one hour
- More than one hour

How do you get to work?

- Walk
- Public Transportation
- Drive
- Taxi
- Get a ride with someone else
- Work at home

Do you intend to continue your current employment? Yes No
Or, do you intend to find new employment after you move? Yes No

Have you ever enrolled in the Mobility Counseling Program before?
If yes, when?

PART E: MOVE INFORMATION	
<p>What are the things that you and your family <u>must have</u> in your new home?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>	<p>What are the things that you and your family <u>would like to have</u>?</p> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/>

LOCATION	
<p>Have you taken any <i>Explore the City! Tours</i>?</p> <p>If yes, which neighborhoods did you see?</p> <p>Are there Opportunity Neighborhoods that you are familiar with or where friends or family live?</p>	<p>Are you interested in living on the North Side, West Side, South Side, or going to the suburbs?</p> <p>Are there particular communities that interest you? If yes, which ones?</p> <p>Are you willing to look in some new areas that you are not familiar with at all?</p>

<p>Why are you moving?</p> <p>Voluntary <input type="radio"/> Involuntary <input type="radio"/></p> <p>Are the following important in your new neighborhood?</p> <p><input type="radio"/> SCHOOLS <input type="radio"/> EMPLOYMENT <input type="radio"/> CHURCH <input type="radio"/> FAMILY <input type="radio"/> FRIENDS</p> <p><input type="radio"/> MALLS <input type="radio"/> TRANSPORTATION <input type="radio"/> HOSPITALS <input type="radio"/> CONVENIENCE STORE <input type="radio"/> RECREATION</p>
PART E: GENERAL COMMENTS

Housing Counselor

Signature

Date