

River Rouge Housing Commission has a voluntary Family Self-Sufficiency (FSS) Program for Public Housing and Housing Choice Voucher (Section 8) tenants. FSS is designed to assist families in achieving economic independence and self-sufficiency through education, job training/employment, and increased earned income.

If you are interested in the FSS Program, your next steps are:

1. Complete the attached application.
2. The FSS Coordinator will review your application, then forward you information for an upcoming program orientation.
3. At the orientation, you will learn more about the program and be able to ask questions.
4. After orientation, if you are still interested in the program, a one-on-one intake appointment will be scheduled to review your application, complete an assessment, discuss your goals and create your Individual Training and Service Plan (ITSP). You will also sign your Contract of Participation at this time and be provided with referrals to assist you in accomplishing your goals.

**PLEASE NOTE:** *Current employment is NOT a requirement for enrollment in the FSS program, but it is expected that you establish employment goals and become employed in order to successfully complete the program.*

River Rouge Housing Commission FSS Program Coordinator/Consultant:

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**Goals of Family Self-Sufficiency Program**

Family Self-Sufficiency is a Housing Choice Voucher (HCV) program designed to help participants to improve their knowledge, skills and employability. FSS partners with families to become free of public assistance and attain economic self-sufficiency.

**Eligibility for Participation in FSS**

Current PH and HCV tenants, who are in good standing, are eligible to participate in the FSS program. Enrollment may be subject to program size limitations and applicant's approval by the FSS Coordinator.

**Case Management**

A participant will be asked to establish short term, interim, and final goals. The FSS Coordinator will review the goals and identify which supportive services are needed and how to obtain assistance in those areas. The goals will be reviewed on a regular basis.

**Contract of Participation (COP)**

Each family participating in the FSS program must execute a Contract of Participation and an Individual Training and Service Plan (ITSP). The head of family will sign the contract to be completed within five (5+) years, or less.

**Financial Incentive: Escrow Account**

The FSS program provides a financial benefit for the family at the completion of the FSS program. As the EARNED income in the household increases, the tenant rental portion also increases.

If you are participating in the FSS program, HUD sets aside an amount relative to the tenant rental portion increase, as long as the earned income remains the same or increases.

The amount in the set – aside account (ESCROW) will be paid in full to the head of household once the Contract of Participation has been satisfied AND when there is no longer any cash assistance (TANF) coming into the household. Be sure to read the FSS Contract of Participation, Participant Handbook, and other supporting material for full details. Your FSS Coordinator is available to answer any questions you may have.

### FAMILY SELF-SUFFICIENCY (FSS) PROGRAM INTEREST FORM & APPLICATION

I am interested in participating in the FSS Program. Please schedule me for an informational appointment. I understand that failure to attend my appointment will result in my name being removed from the list for FSS participation.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Select all that apply for your current employment status:

Work FT                      Work PT                      Not currently working                      Full-time student

Part-time student                      Not in school:

The best way to reach me is:                      Phone                      Email

The best time to reach me is: \_\_\_\_\_

I have completed the attached Personal Data and Goals form (required to obtain an appointment).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

If you are a person with a disability and require a reasonable accommodation in order to participate in the programs and services at the River Rouge Housing Commission, please let your FSS Coordinator know prior to your intake appointment. You may be required to provide information to support your reasonable accommodation request.

**DO NOT WRITE BELOW THIS LINE**

Docs received: _____		Participant contacted: _____	
Date of Orientation Date : _____			
Date 50058 pulled/good standing?: _____		yes	no
ITSP/Contract of Participation Appointment: _____		FSS Effective Date: _____	
Coordinator's Signature: _____		Date: _____	

## **PERSONAL DATA AND GOALS**

Please list your career goals that you would like to accomplish:

Please list your education and/or training goals you would like to accomplish:

Please list your personal/family goals (parenting, money management, homeownership, life skills, etc.):

Please list your financial goals:

Other goals you would like pursue:

Personal Statement: Describe your past work experience, training, and/or education. Please describe what future career you would like. Please describe the barriers you are facing to achieve your goals and explain how the FSS program may be able to help you?

**CURRENT STATUS**

Years of school completed: \_\_\_\_\_ Diploma \_\_\_\_\_ GED \_\_\_\_\_

What form of transportation do you use: Select all that apply

Own car                      Walk                      Bus                      Other

Do you have a home computer?      No                      Yes

What are your other needs:

- |                          |                  |                          |                         |
|--------------------------|------------------|--------------------------|-------------------------|
| <input type="checkbox"/> | Food assistance  | <input type="checkbox"/> | Self esteem             |
| <input type="checkbox"/> | Counseling       | <input type="checkbox"/> | Transportation          |
| <input type="checkbox"/> | Parenting        | <input type="checkbox"/> | Domestic Violence       |
| <input type="checkbox"/> | Childcare        | <input type="checkbox"/> | College                 |
| <input type="checkbox"/> | Resume writing   | <input type="checkbox"/> | Time management         |
| <input type="checkbox"/> | Employment       | <input type="checkbox"/> | Self-employment         |
| <input type="checkbox"/> | GED              | <input type="checkbox"/> | Self-care               |
| <input type="checkbox"/> | Money management | <input type="checkbox"/> | Bill payment assistance |
| <input type="checkbox"/> | Entrepreneurship | <input type="checkbox"/> | Other                   |

**River Rouge Housing Commission Family Self-Sufficiency Information Release**

I authorize River Rouge Housing Commission to release general information of my participation in the FSS program. This information may be used for various media sources such as FSS newsletters, announcements, brochures, or to help promote the program, or to coordinate services with community partners and service providers. This includes but is not limited to event photos. Declining to sign below will not affect my participation in the FSS program.

\_\_\_\_\_

**Printed Name**

\_\_\_\_\_

**Signature**

\_\_\_\_\_

**Date**