

# FAMILY SELF-SUFFICIENCY (FSS) PROGRAM

River Rouge Housing Commission has a voluntary assistance program for Housing Choice Voucher participants. FSS is designed to assist families in achieving economic independence and self-sufficiency through education, job training and increased earned income.

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

- 1. Read the FSS Program explanation
- 2. Complete the attached application. Don't forget to sign it. Incomplete applications will not be accepted.
- 3. The FSS Specialist will review your application, then call you to schedule an appointment.
- 4. At the first appointment, we will go over the program and requirements. We will discuss your goals and create your Individual Training and Service Plan (ITSP). The ITSP is often referred to as "goals sheet".
- 5. If a second appointment is needed, the Contract of Participation and ITSP will be signed at that time.

PLEASE NOTE: Current employment is NOT a requirement for enrollment in the FSS program, but it is expected that you have employment goals and will become employed.

RRHC Family Self-Sufficiency Coordinator:

Arnette Hollerway ahollerway@riverrougehousing.com 313-382-1414

## **Goals of Family Self-Sufficiency**

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 HCV participants, 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 FSS selection committee.

## Case Management

A participant will be asked to establish short term, interim and final goals. The FSS Specialist 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**

Each family participating in the FSS program must execute a Contract of Participation and an Individual Training and Service Plan. The head of household 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 Completion has been satisfied AND when there has been no cash assistance (TANF) coming into the household for the last 12 months. Please read the FSS Contract of Participation for full details.

Total Tenant Payment (TTP)Rent\$100 (to landlord)\$500

Housing Subsidy \$400 (to landlord)

## TWO YEARS LATER: **Earned** income **increases** TTP to \$300

Total Tenant Payment	<u>Rent</u>	Housing Subsidy
\$300 (to landlord)	\$500	\$200 (to landlord) + \$200 to escrow account

Tenant portion is \$300; Housing portion has reduced from \$400 to \$200; now housing is only paying \$200 toward your rental subsidy. The balance of \$200 that HUD was paying, is now going into the escrow account for your family.





## FAMILY SELF-SUFFICIENCY (FSS) PROGRAM 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:							
Work full-time	Work part-time	Not currently working	Full-time student				
Part-time student	Not in school						
The best way to reach	n me is: Phone	Email					
The best time to reach	n me is:						
I have completed the attached Personal Data and Goals form (required to obtain an intake 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 City of Scottsdale Housing Authority, please call 480-312-7717. You may be required to provide information to support your reasonable accommodation request.							
DO NOT WRITE BELOW THIS LINE							
Intake Appointment:							
Docs received by dea	idline: Date	yes	no				
ITSP/Contract of Parti	icipation Appointment:	FSS Effect	tive Date:				
FSS Coordinator Sign	ature:	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. How can FSS help you?





## **CURRENT STATUS**

Years of school completed:		Diplon	na	GED		
What form of transportation do you use:		se: Select	Select all that apply			
Ov	vn car Wall	K	Bus	Other		
Do you have a	home computer?	es				
What are your other needs:						
	Food assistance			Self esteem		
	Counseling			Transportation		
	Parenting			Domestic Violence counseling		
	Childcare			College		
	Resume writing			Time management		
	Employment			Self-employment		
	GED			Other		
	Money management			Self esteem		
	Self esteem			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. 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



