

Housing and Community Development

Resident Opportunities & Self Sufficiency Assessment

Personal Information:

Date: _____

Name: _____

Address _____

Contact Phone Numbers: _____

Email Address _____

Date of Birth: _____ Age: _____ Sex: ☐ Male ☐ Female

Emergency Contact Information:

Name: _____

Phone: _____ Relationship _____

Income Source – Please check all that apply:

☐ Employment ☐ TANF ☐ Unemployment ☐ Child Support ☐ SSI

☐ Retirement ☐ VA Benefits ☐ Spousal Support ☐ Worker's Comp. ☐ No Income

☐ Other(s) _____

Do you have your own transportation? ☐ Yes ☐ No

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, explain when? _____

Are you currently on parole/probation? ☐ Yes ☐ No

Family Information:

How many children do you have? _____

Ages of children: -----/-----/-----/-----/-----/-----/-----/-----/-----

Education Information:

Do you have a high school diploma or GED? ☐ Yes ☐ No

Which? ☐ Diploma ☐ GED

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- If you do not have your high school diploma or GED, please circle the highest grade you completed: 1 2 3 4 5 6 7 8 9 10 11 12

Do you have any college hours? ☐ Yes ☐ No If yes, how many and what was your major?

Employment History

Are you currently employed? ☐ Yes ☐ No If yes – complete the following information:

Start date of current employment: Month_____Date_____Year_____

Hours work per Week_____Rate of pay_____

If you are not currently employed, what are the most serious problems or barriers that prevent you from getting a job?

☐ Lack of job skills/education ☐ Domestic abuse in family ☐ Health problems ☐ Drug/Alcohol Use

☐ Lack of transportation ☐ Lack of child care ☐ Language barriers ☐ Family Problems

☐ Lack of resume writing or job hunting skills ☐ Lack of professional attire

☐ Lack of emotional support ☐ other:_____

Please describe your ideal job. Include things like ideal rate of pay, hours, benefits, environment, and job duties.

The Resident Opportunities and Self Sufficiency (ROSS) program is a volunteer program.

Are you willing to maintain regular contact with the ROSS Service Coordinator? ☐ Yes ☐ No

I, _____certify that the
Information that I have forwarded is correct to the best of my knowledge.

Participant Signature_____

Date_____

Information Provided is Confidential*

Housing and Community Development Needs Assessment Survey

Part I: Household Information:

Name: _____

Address: _____

Phone/Email: _____

Date of Birth: _____

1. Are you an adult 18 years or older? (Circle one)

Yes	No
-----	----

2. Are you the head of household? (Circle one)

Yes	No
-----	----

3. Does anyone in your household have a mental or physical disability? (Circle one)

Yes	No
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Part II: Community/Household Needs:

4. How would you rate the following issues for your household?

Issue	Serious Problem	Moderate Problem	Not a Problem	Does Not Apply to My Household
Availability of job training opportunities				
Availability of jobs for adults				
Availability of jobs for youth				
Education				
Availability of child-care services				
Lack of computer/digital literacy				
Cost of living				
Income/wages				

Debt				
Financial security				
Availability of financial services				
Availability of financial counseling				
Elderly living assistance (62+)				
Issue	Serious Problem	Moderate Problem	Not a Problem	Does Not Apply to My Household
Physical health				
Mental health				
Seeking employment with a criminal record				
Obtaining a degree/diploma with a criminal record				
Availability of substance abuse services				
Need for substance abuse treatment				

5. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (Check all that apply)

BARRIER	Check All that Apply
Nothing	
Need affordable childcare	
Caring for a family member who is sick or disabled	
Do not speak English well	
Need computer training	
Need transportation	
Need job experience	
Need job training	
No job opportunities	
Do not have a high school diploma/GED	
Do not have a college degree	
Disability	
Criminal record	
Lack of transportation	
Other – specify	
Other – specify	
Other – specify	
Don't know	
No response	

6. Do you or others in your household have interest in the following? (Check all that apply)

INTEREST	Check All that Apply
GED/Adult education	
Vocational training	
Increasing income	
Getting a job	
Getting a better job	
INTEREST	Check All that Apply
Computer training	
Saving money	
Eliminating debt	
2-year college	
4-year college	
Trade school	
Other (specify)	
Other - specify	
Don't know	
None	
No response	

7. Do you or another adult in your household have difficulty with any of the following? (Check all that apply)

SUBJECT/SKILL	Check All that Apply
Reading	
Math	
Writing	
Speaking English	
Writing English	
Using a computer	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	
No response	

8. What are the primary health care needs of your household? (Check all that apply)

HEALTHCARE NEEDS	Check All that Apply
Primary health care	
Pediatric (child) care	
Prenatal (pregnancy) care	
Dental care	
Healthcare education/prevention	
Nutrition and exercise programs	

Services to help alleviate stress/anxiety/depression	
Assistance with daily living for elderly/disabled residents	
Health screening services	
Substance abuse treatment	
Smoking cessation programs	
Drinking cessation programs	
Transportation to healthcare services	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	
No response	

9. What is your gender? (Check one)

GENDER	Check One
Identifies as female	
Identifies as male	
Other	

10. What is your age (check range)

AGE RANGE	Check One
18-24	
25-34	
35-44	
45-54	
55-65	
65 or older	
No response	

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Are you willing to maintain regular contact with the ROSS Service Coordinator () Yes () No

I, _____ certify that the information that I have forwarded is correct to the best of my knowledge.

Participant's Signature _____ Date _____