

**Tarrant County Housing Assistance Office
Family Self-Sufficiency Quarterly Assessment**

Quarterly Report (QR) = 4 Time periods - Mandatory form - Due in 7 days

1 - Jan. - March 2 - April - June 3 - July - Sept. 4 - Oct. - Dec. **Page 1**

Participant Name: _____ **Date:** _____

Telephone Number: _____ **E-Mail Address:** _____

#1 Goals

- Yes No N/A
1. Please list your Family Self-Sufficiency goals.
 - Goal 1 _____
 - Goal 2 _____
 - Goal 3 _____
 - Goal 4 _____
 2. Indicate which goals you have met. Goal 1 Goal 2 Goal 3 Goal 4
 Submit verification of completion with this Quarterly Assessment report
 3. Indicate which goal(s) you are up to date on: Goal 1 Goal 2 Goal 3 Goal 4
 4. Indicate the goal (s) you are behind on: Goal 1 Goal 2 Goal 3 Goal 4

If you want to change any goal, please call your FSS Coordinator for an appointment.

#2 Employment

- Yes No N/A
5. Are you currently working? *(Check all that apply)* Job Title: _____
 Full Time _____ Part Time; _____
 Employer _____ Start Date: _____
 6. Did you find your job through the Texas Workforce Office or WorkinTexas.com website.?
 7. Did you find your job through an emailed job announcement from FSS?

If you are not employed, please answer the following.

How many jobs did you apply for last month? _____ Complete the enclosed Job Search Log and return.

8. When were you last employed and what happened to cause your separation from the job?

9. If you have not found a job, why and what are your obstacles? _____

10. Is there anything we can do to help you? _____

Yes No 11. Did you receive TANF assistance during the past 6 months?

Date: _____

Name: _____

#3 Education

Yes No N/A 12a. Are you currently taking college classes? Start Date: _____

12b. Are you currently taking GED classes? Start Date: _____

School Name/GED site _____

Expected Date of Completion: _____

#4 Medical Benefits

Yes No N/A Do you have medical benefits on your Job _____ or Obama Care: _____ (check one)

#5 Transportation

Yes No N/A 13. Do you have reliable transportation for work or school?

<input type="checkbox"/>	Car
<input type="checkbox"/>	Public Transportation
<input type="checkbox"/>	Friend/Relative

#6 Referrals Contacted:

14. What referral agencies have you contacted that was given by your FSS Coordinator?

Agency Name: _____

Date Contacted: _____

Service Received from Agency: _____

If not, Why not? _____

#7 What positive changes have happened within the past 6 months in your household?

#8 ACTIVITIES - (workshops or trainings outside of Tarrant County Housing)

List any activities you completed within the past six months. Attach proof of attendance for FSS Credit.

#9 Other: Do you have a disability that may prevent you from finishing your goals.

Yes No N/A If your answer is yes, please call your FSS Coordinator.



Thank You For Taking The Time To Complete This Form

