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

Telephone Number:  ## Goals  O'Yes ONO ON/A  1. Please list your Family Self-Sufficiency goals.  Goal 1 Goal 2 Goal 3 Goal 4  2. Indicate which goals you have met.  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 Indicate the goal (s) you are behind on:  Goal 1 Goal 2 Goal 3 Goal 4 Indicate the goal (s) you are behind on:  Goal 1 Goal 2 Goal 3 Goal 4 Indicate the goal (s) you are behind on:  Goal 1 Goal 2 Goal 3 Goal 4 Indicate the goal (s) you are behind on:  Goal 1 Goal 2 Goal 3 Goal 4 Indicate the goal (s) you are behind on:  Full Time Fant Time;  Employer  Employer  Start Date:  Yes INO ON/A  6. Did you find your job through the Texas Workforce Office or Workfor Texas com website.?  Yes INO ON/A  7. Did you find your job through an emailed job announcement from FSS?  If you are not employed, please answer the following.  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?	<b>Quarterly Repor</b>	t (QR	) = 4 Time periods - Mandatory form - Due in 7 days							
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#1 Goals    Please list your Family Self-Sufficiency goals.	Participant Name:					Date:				
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#2 Employment  Per No NA 5. Are you currently working? (Check all that apply) Job Title:  Full Time Part Time;  Employer Start Date:  O'Yes No NA 6. Did you find your job through the Texas Workforce Office or WorkinTexas.com website.?  O'Yes No NA 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?		3.	Indicate which goal(s) you are up to	date on:	Goal 1	Goal 2 Goal 3 Go	al 4			
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UVes IND		10.	Is there anything we can do to help y	/ou?						
TVes tillo 44 Did you receive TANE agrictance during the past 6 months?										
TVes TNo. 11 Did you receive TANE equiptenes during the past 6 months?										
TVas TND 44 Did you receive TANE assistance during the past 6 months?										
T1. Did you receive TAINF assistance during the past 6 months?	□Yes □No	11.	Did you receive TANF assistance du	uring the past 6 mont	ths?					

Tarrant County Housir	ng Assistance Office	Family Self Sufficiency	Quarterly Report	Page 2	
Date:			Name:		
#3 Education					
Yes □No □N/A	12a. Are you currer	itly taking college classes?	Start Date:		
	12b. Are you currer	utly taking GED classes?	Start Date:		
	School Name/	GED site			
	Expected Date	e of Completion:			_
#4 Medical Bene	efits				
⊒Yes □No □N/A		ical benefits on your Job $\_$	or Obama Ca	are:	(check one)
#5 Transportat	ion				
⊇Yes □No □N/A	13. Do you have re	eliable transportation for work or	school?		Fransportation Relative
#6 Referrals C	ontacted:				
	14. What referral a	agencies have you contacted that	at was given by your FSS Co	oordinator?	
	Agency Name	:			
	Date Contacte	d:			
	Service Recei	ved from Agency:			
	If not, Why not?				
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#/ wnat positi	ve cnanges na	ve happened within	tne past 6 month	s in your no	ousenoia?
#8 ACTIVITIES	- (workshops	or trainings outside	of Tarrant County	y Housing)	
List any activities you co	ompleted within the pas	t six months. Attach proof of atte	endance for FSS Credit.		
#0 Othor: Do w	ou boyo o dioo	hility that may praya	ant vou from finio	hing vour g	aala
		bility that may preve		ning your go	vais.
⊒Yes □No □N/A	ii your answer is yes,	please call your FSS Coordinate	UI.		



