

# FAMILY SELF-SUFFICIENCY PROGRAM

**114 WOODY DR \* BUTLER PA 16001**

724-287-6797 or 1-800-433-6327

## Intake Application

Name: \_\_\_\_\_ Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Address: \_\_\_\_\_ Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
 Telephone: (H) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_  
 (C) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ I am **currently** enrolled in:  
 (W) \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  Section 8 or  Public Housing

Please check if you have ever been enrolled in the FSS program at anytime:  Yes /  No  
 Initial Admission Date with Butler County Housing Authority: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Highest Grade Completed(GED?): \_\_\_\_\_ Degree: (Assoc./Bach./Master) \_\_\_\_\_

Currently:  
 Attending (school name): \_\_\_\_\_  
 Employed **P/T** or **F/T** (employer name): \_\_\_\_\_  
 Since: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Avg. Weekly Hours: \_\_\_\_\_  
 Source of Income: \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_ .00  
 Source of Income: \_\_\_\_\_ Annual Amount: \$ \_\_\_\_\_ .00

List other household member information.

Name	M/F	Age	Employer / School Attended / NA	Annual Income

Do any family members have any unmet health or dental needs? \_\_\_\_\_

Please indicate your level of interest:

Description	1 None	2 Some	3 Average	4 Moderate	5 Very
Employment					
Continued Education					
Child Care					
Credit Repair					
Homeownership					
Volunteer Sites					
Community Resources					
Other:					