



Self- Sufficiency Fund

Cover Sheet:

Participant's Name: _____ Age at enrollment: _____

Date of Enrollment: _____ Training Course _____

Intake/Eligibility Documents	Case Manager (initial and date)	Supervisor (initial and date)	Reviewer (initial and date)
MANDATORY DOCUMENTS			
SSF Referral			
Consent Form			
Intake Form			
Proof of Age			
Proof of Residency			
Proof of Right to Work			
Equal Opportunity			
Confidentiality Agreement			



Self Sufficiency Program Referral Form

Date of Referral: _____

Fax No: (713) 651-8045

All participants referred must meet the eligibility requirements below. A referral does not constitute acceptance into the program. You will be notified regarding the disposition of your referral within 14 days. Any eligibility verification documents you can provide at the time of referral will help expedite the eligibility determination process.

REFERRING AGENCY

<input type="checkbox"/> Self-Referral	<input type="checkbox"/> Department of Human Resources
<input type="checkbox"/> School Representative	<input type="checkbox"/> Faith or Community Based Organization
<input type="checkbox"/> Workforce Development	<input type="checkbox"/> Other: _____

REFERRING AGENCY CONTACT INFORMATION:

Name: _____ Title: _____

Phone #: _____ Fax #: _____ Email Address: _____

ELIGIBILITY CRITERIA (Participants eligible to receive services must meet all criteria below.)

- Must be 18 years or older
- Must be currently receiving TANF, SNAP and earning less than \$ 37,000 or individuals of at risk of becoming dependent on public assistance and wants to achieve self-sufficiency.
 - Do you receive TANF? _____
 - Can you provide a copy of verification _____
 - Are you working? _____
 - The last two paycheck stubs are required-
- Are you currently reside in the Houston area? _____
 - Proof of residency required.

Check which program you are interested in for training:

- Construction _____
 - Certified Logics Associate _____
 - Construction Electrical Worker Level 1 _____
- Warehouse _____
 - Forklift
- Welding _____
 - Welder Level 1

➤ Participant's Name: _____ Date of Birth: _____ Age: _____

Zip code: _____ Contact Number: _____

Referring Agency Signature: _____ Date: _____

DISPOSITION OF REFERRAL

Eligible Orientation Date: _____

Not Eligible Reason: _____ Signature: _____



CONSENT FORM

I _____ (Name of Participant), give permission for the program staff to meet with me and determine if I am eligible to participate in the program. Should I be found eligible, I grant permission to enroll and participate in the Self-Sufficiency program.

I understand that the program is a highly structured, highly supervised, and voluntary resource-intensive program. The program is designed to enable program participants to improve skills and enhance their future educational and career opportunities. I also understand that more than one Change Happens! Staff member will be working with me on several services.

Participant's Signature

Date

Workforce Developer/Placement Coordinator

Date

Emergency Contact Information:

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Video/Photograph Release

I hereby grant permission to be photographed or videotaped during the program. I understand that these pictures will be used for but not limited to, recruitment purposes and activities to inform the public about the work Change Happens! is doing.

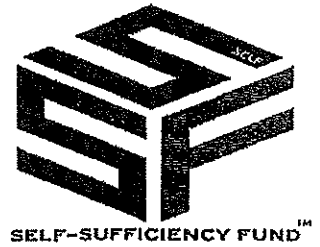
Participant's Signature

Date

- I do give permission to be photographed and videotaped
- I do not give permission to be photographed and videotaped



Self-Sufficiency Fund Program
INTAKE FORM



Today's Date: _____ Do you reside in Harris County? Yes: ___ No: ___ SSN: _____

Name: _____
First MI Last

Date of Birth: ___/___/___ Age: _____ Email Address: _____
Month Day Year

Address: _____
Street Apt. City State Zip

Home Phone: _____ Cell: _____ Work: _____

Housing Situation: Stable ___ Temporary ___ Homeless ___ Marital Status: _____

Are you the parent of a child? Yes ___ No ___ Are you the custodial parent (do you have legal or
physical custody of the child)? Yes ___ No ___ Noncustodial parent? Yes ___ No ___

Child's Name: _____ Child's Age: _____

Do you receive financial/government assistance? Yes ___ No ___ If yes, please check all areas that
apply and provide Benefits Verification Letter): TANF ___ SNAP ___ WIC ___ Medicaid ___
CHIP ___

Are you a U.S. Citizen with the right to work in the United States? Yes ___ No ___

If you answered no, please provide Alien Card Number: _____ Exp Date: _____

Are you employed? Yes ___ No ___ (If yes, please provide Employment Verification Letter).

Are you Active Duty or a Veteran with the United States Military? Yes ___ No ___

Are you the spouse of a 100% disabled veteran (service connected) or a surviving spouse of a deceased
veteran in the line of duty or MIA/POW? Yes ___ No ___

Please check the area that applies to you (Race/Ethnicity): Hispanic/Latino ___ Hawaiian Native or
Other Pacific Islander ___ African American/Black ___ Asian ___ Multicultural ___
White ___

Are you currently in school? Yes ___ No ___ Did you complete High School? Yes ___ No ___



Self-Sufficiency Fund Program
INTAKE FORM



What is the highest-grade level completed? _____

Do you need GED instruction? Yes _____ No _____

What area of training are you interested in? Warehouse _____ Construction _____ Welding _____

Have you been involved in the Juvenile Justice System? Yes _____ No _____ (If yes, please provide documentation and place a checkmark for the area of involvement):

- Alternative Sentencing
Diversion Program
Corrections/Detention
Probation/Parole

Have you ever been involved in the Adult Justice System? Yes _____ No _____ (If yes, please provide documentation and place a check mark for the area of involvement):

- Alternative Sentencing
Diversion Program
Corrections/Detention
Probation/Parole

What was your high school status at the time of your most recent arrest? Enrolled in School _____ Did Not Complete School _____ High School Diploma/GED Obtained _____

Have you been in Corrections/Detention within the past 3 months? Yes _____ No _____

Have you ever been convicted of a crime as an adult? Yes _____ No _____

Have you been convicted of a Class C Misdemeanor? Yes _____ No _____

Have you ever been convicted of a felony? Yes _____ No _____ If yes, please provide date: _____

Do you have any pending charges against you? Yes _____ No _____

I attest that the above information is true and correct to the best of my ability.

Participant's Signature

Date

I certify that the identification and information that I have provided is true and correct. I hereby authorize the program to use disclose and obtain any information or verification documents needed for the purpose of determining my eligibility and participation in the program.

Participant's Signature

Date

Equal Opportunity Is the Law

It is against the law for this recipient of Federal Financial assistance to discriminate on the following bases:

- ❖ Against any individual in the United States, on the basis of race, color, religion, sex, national origin, age, disability, political affiliation or belief; and
- ❖ Against any beneficiary of programs financially assisted under Title 1 of the Workforce Investment Act of 1998 (WIA), on the basis of the beneficiary's citizenship/ status as a lawfully admitted immigrant authorized to work in the United States, or his or her participation in any WIA Title 1-financially assisted program or activity.

The recipient must not discriminate in any of the following areas:

- ❖ Deciding who will be admitted, or have access, to any WIA Title 1-financially assisted program or activity;
- ❖ Providing opportunities in, or treating any person with regard to, such a program or activity; or
- ❖ Making employment decisions in the administration of, or in connection with, such a program or activity.

What to Do If You Believed You Have Experienced Discrimination

If you think that you have been subjected to discrimination under a WIA Title 1-financially assisted program or activity, you may file a complaint within 180 days from the date of the alleged violation with either:

Change Happens!
3353 Elgin St.
Houston, TX 77004
713-374-1200
713-651-8045
or
Director
Civil Rights Center
U.S. Department of Labor
Room N-4123
200 Constitution Avenue, NW
Washington, DC 20210.

If you file your complaint with the recipient, you must wait either until the recipient issues a written Notice of Final Action, or until 90 days have passed (whichever is sooner), before filing with the Civil Rights Center (see address above).

If the recipient does not give you a written Notice of Final Action within 90 days of the day on which you filed your complaint, you do not have to wait for the recipient to issue that Notice before filing a complaint with CRC. However, you must file your CRC complaint within 30 days of the 90-day deadline (in other words, within 120 days after the day on which you filed your complaint with the recipient).

If the recipient does give you a written Notice of Final Action on your complaint, but you are dissatisfied with the decision or resolution, you may file a complaint with CRC. You must file your complaint within 30 days of the date on which you received the Notice of Final Action.

Participant signature _____ Date _____



CONFIDENTIALITY AGREEMENT

The Self- Sufficiency Fund - SSF program takes confidentiality very seriously. This agreement is to acknowledge that all participants understand what is to be expected.

I understand that I may have access to confidential information about other group members. By signing this statement, I agree to maintain confidentiality:

Participant Initial

_____ I agree not to discuss private information about other group members (including academic standing, felony information, residential statuses, and income information) with persons who are not affiliated with SSF program. I will respect participants' privacy and will not share their personal information with anyone else.

_____ I understand that I am not to read information concerning participants, or any other confidential documents pertaining to other participants.

Case Manager Initial

_____ I agree to notify the appropriate person if I become aware of a breach in confidentiality, and I understand that a breach of confidentiality may be grounds for reprimand or termination from the program.

_____ I understand that any transfer of personal information to another agency or person MUST be approved by a guardian signed Release of Information.

_____ I understand that I am not to read information concerning participants, or any other confidential documents, for my own personal information. Documents that contain personal information must be kept in the proper secure location.

DISCLOSURE

I understand that all information shared during coaching sessions will be kept confidential except in circumstances where a participant discloses harm (either that he has been harmed or intends to harm someone else).

Participant Name

Participant Signature

Date

Case Manager Name

Case Manger Name

Date



Today's Date _____

CLIENT NEEDS ASSESSMENT

SITE OF ASSESSMENT		<input type="checkbox"/> CHANGE HAPPENS	<input type="checkbox"/> LOCATION NAME	
NAME:		CONTACT NUMBER:		

NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO CLIENT	AGE	NAMES OF HOUSEHOLD MEMBERS	RELATIONSHIP TO CLIENT	AGE

Verification	
DOES THE PARTICIPANT QUALIFY FOR TANF? <input type="checkbox"/> YES <input type="checkbox"/> NO	Attach a copy of the verification letter
IS THE PARTICIPANT AT RISK OF BECOMING DEPENDENT ON PUBLIC ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	For instance: Homeless/ lack of stable housing, no transportation, no food or clothing... etc
DOES THE PARTICIPANT CURRENTLY RECEIVE PUBLIC ASSISTANCE? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, What type of assistance is the client receiving?
IS THE PARTICIPANT ELIGIBLE FOR SERVICES THEY ARE NOT RECEIVING? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, What additional service is the client eligible for?
HAVE YOU EVER BEEN A PART OF THE HARRIS COUNTY JUSTICE SYSTEM? <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, please explain

Verification

<p>DOES THE PARTICIPANT RESIDE IN HARRIS COUNTY?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>Attach a copy of the most recent bill.</p> <ul style="list-style-type: none"> • Lights • Water • Gas • Phone
<p>DOES THE PARTICIPANT EXPRESS INTEREST IN CHANGING THEIR SITUATION?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>Please explain</p>
<p>WILL THE PARTICIPANT BE ABLE TO COMPLETE JOB TRAINING?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>If no, please explain</p>
<p>WHICH JOB TRAINING PROGRAM IS THE CLIENT INTERESTED IN?</p>	<p>Forklift <input type="checkbox"/></p> <p>Certified Logistics <input type="checkbox"/></p> <p>Electrical Worker Level 1 <input type="checkbox"/></p> <p>Welding Level 1 <input type="checkbox"/></p>
<p>IS THE PARTICIPANT ABLE TO PROVIDE PROPER IDENTIFICATION?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
<p>ARE YOU BETWEEN THE AGE OF 17-24 YEARS OLD?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	<p>What is your age at the time of enrollment?</p>
<p>WHICH PROGRAM DOES THE CLIENT QUALIFY FOR?</p> <p><input type="checkbox"/> SSF</p> <p><input type="checkbox"/> CAN</p>	

DEVELOPMENTAL/REHABILITATIVE

<p>DOES THE CLIENT HAVE SPEECH OR LANGUAGE ISSUES?</p> <p><input type="checkbox"/> YES</p> <p><input type="checkbox"/> NO</p>	
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DEVELOPMENTAL/REHABILITATIVE	
IS THE CLIENT HEARING IMPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY ADDITIONAL ASSISTANCE NEEDED <input type="checkbox"/> YES <input type="checkbox"/> NO	If yes, what additional assistance is needed?

SOCIOECONOMIC - FAMILY	
DO YOU NEED HELP WITH EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
DO YOU HAVE ANY FINANCIAL CONCERNS? <input type="checkbox"/> UTILITIES <input type="checkbox"/> RENTAL	
PARTICIPANT INTERESTED IN FOOD FOR CHANGE? <input type="checkbox"/> YES <input type="checkbox"/> NO	
ANY ADDITIONAL NEEDS THE CASE MANAGER HAS OBSERVED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, PLEASE EXPLAIN

PSYCHOSOCIAL STRENGTHS / ISSUES	
DOES THE PARTICIPANT NEED PARENTING SKILLS OR CLASSES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
WOULD PARTICIPANT LIKE TO OBTAIN A HIGH SCHOOL DIPLOMA OR GED? <input type="checkbox"/> YES <input type="checkbox"/> NO	

PSYCHOSOCIAL STRENGTHS / ISSUES

DOES THE PARTICIPANT
NEED ASSISTANCE WITH
CHILDCARE?

YES

NO

ANY ADDITIONAL
ASSISTANCE NEEDED

ADDITIONAL COMMENTS:

CASE MANAGER
SIGNATURE:

DATE: