

**FAMILY SELF SUFFICIENCY PROGRAM QUESTIONNAIRE**

NAME \_\_\_\_\_

DATE \_\_\_\_\_

DID YOU GRADUATE FROM HIGH SCHOOL, OR GOT YOUR G.E.D. AND RECEIVE A DIPLOMA?

YES                      NO

IF YOU DID NOT FINISH HIGH SCHOOL, CIRCLE THE HIGHEST GRADE YOU COMPLETED. (PLEASE CIRCLE ONE)

9<sup>TH</sup>      10<sup>TH</sup>      11<sup>TH</sup>

ARE YOU PRESENTLY EMPLOYED? IF SO, PLEASE INDICATE YOUR EMPLOYMENT STATUS,

FULL TIME              PART TIME

PLEASE INDICATE WHAT YOUR CURRENT NEEDS ARE:  
REMEDIAL (READING, WRITING, SPELLING, ENGLISH, MATH, ETC.)

YES                      NO

I WANT TO OBTAIN MY G.E.D.

YES                      NO

I WOULD LIKE TO ATTEND COLLEGE 2-4 YEARS AND OBTAIN A DEGREE.

YES                      NO

I WOULD LIKE TO ATTEND SCHOOL FOR A SHORTER PERIOD OF TIME AND EARN AN OCCUPATIONAL CERTIFICATE.

YES                      NO

I NEED HELP FINDING A JOB.

YES                      NO

DO YOU HAVE TRANSPORTATION?

YES                      NO

CAN YOU SEE A DOCTOR WHEN YOU NEED TO?

YES                      NO

WOULD YOU LIKE TO SEE A COUNSELOR FOR INDIVIDUAL OR FAMILY COUNSELING?

YES                      NO

WOULD YOU LIKE TO LEARN MORE ABOUT PARENTING SKILLS?

YES                      NO

MANAGING YOUR HOUSEHOLD (TIPS ON CLEANING, NUTRITION, MEAL PLANNING, GROCERY SHOPPING. ETC.)?

YES                      NO

CREATING A BUDGET WHICH WILL ALLOW YOU TO PAY YOUR BILLS IN A TIMELY MANNER?

YES                      NO

OWNING YOUR OWN HOME?

YES                      NO

PLEASE INDICATE WHAT TYPE OF JOB OR CAREER YOU WOULD LIKE TO HAVE. (SEE ENCLOSED LIST OF COURSES OFFERED AT D.S.C.)

FULL TIME              PART TIME

IF YOU ARE ATTENDING COLLEGE OR HAVE IN THE PAST, PLEASE INDICATE

\_\_\_\_\_

HIGHEST LEVEL COMPLETED. (PLEASE CIRCLE ONE)

FR.      SO.      JR.      SR.

