

# City of Ronan Housing Authority

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Ronan, MT 59864

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## Family Self-Sufficiency Questionnaire

Name: \_\_\_\_\_ Home Phone #: \_\_\_\_\_

Address: \_\_\_\_\_ Work Phone#: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Soc. Sec. No: \_\_\_\_\_ \_\_\_Married \_\_\_Single \_\_\_Separated \_\_\_Divorced \_\_\_Widowed

Number of adults that live in your home? \_\_\_\_\_ Number of children that live in your home? \_\_\_\_\_

Ages of children: \_\_\_\_\_

What is your source of income? \_\_\_\_\_

How many years of education do you have? \_\_\_\_\_

Do you have training in other areas - if yes - what? \_\_\_\_\_

What type of work would you like to be doing in five years? \_\_\_\_\_

What is the biggest problem you have in reaching that goal? \_\_\_\_\_

Are you in college? **Y** **N** If yes, where/what is your major? \_\_\_\_\_

If you are not in school would you like to be? **Y** **N**

If yes, where and what would you like for training?

**Are you interested in being on the Program Planning Committee for FSS?** **Y** **N**

Is there more than one adult in your home who would like to participate in FSS? **Y** **N**

Your Race: \_\_\_\_\_ Ethnicity: **Hispanic** **Non-Hispanic** Are you a parent? **Y** **N**

Other people in your household's races:

**If you are a parent** - is this a single parent family or 2-parent family: \_\_\_\_\_

Preferred day of the week to meet Monday - Friday: \_\_\_\_\_

Preferred time of day to meet 8AM - 5PM: \_\_\_\_\_

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**Please return this to: RHA P.O. BOX 146 Ronan, MT 59864**