

**Questionnaire
Questions/Responses**

Questionnaire:Evansville Housing Authority Family Self-Sufficiency Application and Assessment

Questions

Responses

Do you have access to reliable transportation available when you need it?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you have a valid Drivers License?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you currently working?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
If Yes, Do you work Full or Part Time?	Choose One	<input type="checkbox"/> Full Time
		<input type="checkbox"/> Part Time
Do you receive employee benefits?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you have an up to date resume?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you looking for a different job?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you currently receiving assistance with job search or job placement activiti	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you receiving vocational or other job training services?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Is any member of your family currently working?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you currently have reliable child care?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you need assistance with activities or child care for your children in the sun	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you receive Child Support consistently through Support Collection Unit?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Do you need resources for GED/HSE program?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you currently enrolled in a GED/HSE program?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No
Are you currently enrolled in a Post Secondary education program?	Choose One	<input type="checkbox"/> Yes
		<input type="checkbox"/> No

Do you have college credit?

Choose One

Yes

No

What types of trainings would you likely attend?

Choose as many that apply Mental Health

Homeownership

Budgeting & Credit Counseling

Other

Do you have immediate needs?

Choose as many that apply Food

Heating/Utilities

Transportation

Crisis Prevention

Clothing

Do you want counseling in Homeownership?

Choose One

Yes

No

Do you have a change in earned income that has not been reported yet?

Choose One

Yes

No

Notes: