



525 SOUTH LAWRENCE STREET
 MONTGOMERY, ALABAMA 36104-4611
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Family Self-Sufficiency Progress Report

Name: _____ Social Security: _____
 Address: _____ City: _____ Zip: _____
 Home #: _____ Cell #: _____ Work #: _____

GOALS

1. _____ 2. _____ 3. _____

ACTIVITY

Name of school or training facility: _____
 Address: _____ City: _____ Zip: _____
 Course of study or type of training: _____
 Begin date: _____ Estimated date of completion: _____ Attendance Days/Time: _____
 Who pays for school/training? _____

Are you employed? Y / N ___ full-time ___ part-time ___ permanent ___ temporary
 Employer: _____
 Address: _____ City: _____ Zip: _____
 Phone: _____ Start Date: _____ Position: _____
 Starting Wage: _____ Current Wage: _____ Work Hours: _____
 If unemployed: Former employer: _____
 Last date worked: _____ Reason for leaving: _____
 How often do you look for work? _____ Sources for job search: _____

ASSISTANCE

	Amount Received	Last Date Received	Date Benefits End
TANF	_____	_____	_____
Food Stamps	_____	_____	_____
Medicaid/Chips	_____	_____	_____
Social Security	_____	_____	_____
SSI	_____	_____	_____
Child Support	_____	_____	_____
General Assistance	_____	_____	_____
EIC (IRS)	_____	_____	_____
Unemployment	_____	_____	_____

This report will be placed in your file. Please sign and date

 Signature

 Date