*Please fill out your progress report in as much detail as possible. This quarterly progress report is required as part of your commitment to meeting the short & long term goals you outlined in your Individual Training and Services Plan. This information also helps the FSS Coordinator support you in obtaining your goals as needed***.**

**Return report to** **MarciaA@evha.org** **by: July 31st**

You may also send by mail to: Marcia Albert, Everett Housing Authority – P.O. Box 1547, Everett, WA 98206-1547

|  |  |
| --- | --- |
| **Head of Household Name:**Click or tap here to enter text. | **Phone:**Click or tap here to enter text. |
| **Address:**Click or tap here to enter text. | **E-mail:**Click or tap here to enter text. |

|  |  |  |
| --- | --- | --- |
| Does anyone in the household experience a disability that requires an accommodation in order to fully participate in the FSS program? | [ ] Yes [ ] No  | If yes, explain: Click or tap here to enter text. |
| Do you require an interpreter for your FSS appointments? | [ ] Yes [ ] No  | If yes, what language:Click or tap here to enter text. |
| Are any other Household members over 18 years also participating in the FSS Program?  | [ ] Yes [ ] No  | If yes, who:Click or tap here to enter text. |

|  |
| --- |
| Please check any changes to the household **in the last 3 months** (since your last report)? [ ]  Started a New Job [ ]  Lost a job [ ]  Received a Work Promotion [ ] Added a Dependent[ ]  Started a School or Training program [ ]  Completed School or Training program [ ]  Moved to a Different Home [ ]  A Member of Household Moved Out [ ]  New unexpected Debt or Expense [ ]  New Medical Issue[ ]  Other Click or tap here to enter text. |

**Head of Household Employment & Income**

|  |
| --- |
| Are you currently employed: [ ] Yes [ ]  No Date hired: Click or tap to enter a date.Employment type: [ ] Full Time [ ] Part Time [ ] Seasonal [ ] Temporary [ ] Work StudyAre you unemployed: [ ] Yes [ ] No If yes, do you receive unemployment benefits: [ ] Yes [ ]  NoWhen did you begin receiving unemployment: Click or tap to enter a date. Weekly Amount: $Click or tap here to enter text. |
| **Employer:** Click or tap here to enter text. | **Job Title:**Click or tap here to enter text. |
| **Hours worked per week:**Click or tap here to enter text.  | **Wage:** $Click or tap here to enter text. [ ]  Hourly [ ]  Monthly [ ] Annual | **If seasonal/temporary or work study, when does job end?** Click or tap here to enter text. |

**Education**

|  |  |  |
| --- | --- | --- |
| Did you **start** an education or training program in the past 3 months? | [ ] Yes [ ]  No | Name of Program:Click or tap here to enter text. |
| Did you **complete** an education or training program in the past 3 months?[ ] GED [ ] High School Diploma [ ] Certificate[ ] Associate Degree [ ] Bachelor Degree   | [ ] Yes [ ]  No | Name of Program:Click or tap here to enter text. |

**Financial Literacy & Life Planning**

Did you attend any Financial Literacy ***or*** Life Skill related classes in the last 3 months? [ ] Yes [ ]  No

|  |  |  |
| --- | --- | --- |
| **Topic** | **Date** | **Place or Facilitator** |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap to enter a date. | Click or tap here to enter text. |

I have requested and/or obtained copies of my credit reports - [ ] YES [ ] NO Date: Click or tap to enter a date.

I have attended a Homeownership class - [ ] YES [ ] NO Date: Click or tap to enter a date.

Name of Class or Presentation: Click or tap here to enter text. Certificate: [ ] YES [ ] NO

**Services**

|  |
| --- |
| Are you in need of assistance with any of the following services to support your FSS progress?Childcare - [ ] YES [ ] NO Health Services - [ ] YES [ ] NO Legal Assistance - [ ] YES [ ] NOTransportation - [ ] YES [ ] NO ESL/ELL Classes - [ ] YES [ ] NO Job Search Assistance - [ ] YES [ ] NOCredit Reports - [ ] YES [ ] NO Budgeting - [ ] YES [ ] NO Homeownership - [ ] YES [ ] NO  |

Are you working with any other agencies that also support your FSS goals at this time? [ ] YES [ ] NO

If yes, briefly describe and include name of the agency/organization: Click or tap here to enter text.

**Individual Training & Service Plan (Your ITSP Goals)**

**ITSP GOAL:** Click or tap here to enter text.

Scheduled to be completed by: Click or tap to enter a date.

***Status:*** [ ] Completed Date completed: Click or tap to enter a date. [ ] In progress [ ] I have not started on this goal.

Comment: Click or tap here to enter text.

**ITSP GOAL:** Click or tap here to enter text.

Scheduled to be completed by: Click or tap to enter a date.

***Status:*** [ ] Completed Date completed: Click or tap to enter a date. [ ] In progress [ ] I have not started on this goal.

Comment: Click or tap here to enter text.

**ITSP GOAL:** Click or tap here to enter text.

Scheduled to be completed by: Click or tap to enter a date.

***Status:*** [ ] Completed Date completed: Click or tap to enter a date. [ ] In progress [ ] I have not started on this goal.

Comment: Click or tap here to enter text.

Are you interested in scheduling an appointment to discuss your goals prior to your annual review? [ ] YES [ ] NO

If yes, what do you want to focus on: Click or tap here to enter text.

What are the best dates & times for you to meet? Click or tap here to enter text.

*I certify that the information I have provided in this report is true and accurate to the best of my knowledge. I understand that:*

* It is my responsibility to report changes in writing within ten (10) days of the changes that affect my/our household composition and/or the household member’s income to my FSS Coordinator as well as to my Property Manager/Housing Choice Voucher Specialist.
* No member of my household can be receiving any form of TANF cash assistance at any time during the *last* twelve (12) months of my FSS Contract of Participation. This will result in forfeiting any and all escrow funds that are held on my behalf in my FSS escrow account.

|  |  |
| --- | --- |
| FSS Participant Signature (type full name) | Date |
| Click or tap here to enter text. | Click or tap to enter a date. |