*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**](mailto: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 Study  Are you unemployed: Yes No If yes, do you receive unemployment benefits: Yes  No  When 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 NO  Transportation - YES NO ESL/ELL Classes - YES NO Job Search Assistance - YES NO  Credit 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. |