*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 Service Plan. This information also helps the FSS Coordinator support you in obtaining your goals as needed***.**

*Form Instructions: Click in a box or on a line to type text. Click once on a check box to mark. Click again to unmark.*

**Return report to** [donellek@evha.org](mailto:donellek@evha.org) **by: July 15th**

You may also drop off or send by U.S. mail to: Donelle Kienholz, Everett Housing Authority – 3107 Colby Avenue, Everett, WA 98201

|  |  |
| --- | --- |
| **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. |

|  |  |  |
| --- | --- | --- |
| Are any other Household members over 18 years also participating in the FSS Program? | Yes | If yes, who:  Click or tap here to enter text. |

**Check any changes you have experienced in the last 3 months**.

Started a New Job  Lost a Job  Received a Work Promotion  Received a Pay Increase

Someone moved in to the household – Who/When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Someone moved out of household – Who/When: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Started a School or Training program  Completed School or Training program (explain next page)

New unexpected Debt or Expense – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Moved to a Different Home – When/Where: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Got behind on Rent – Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Head of Household Employment & Income**

|  |  |  |
| --- | --- | --- |
| **Are you currently employed: Yes  No** - Full Time Part Time Seasonal Temporary Other  If unemployed, do you receive unemployment benefits: Yes  No - If yes, how much per week $\_\_\_\_\_\_\_\_\_\_\_  I currently receive the following benefits: SNAP/Food  TANF Medicaid  SSI  SSDI  Child Support | | |
| **Name of 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:** $\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Hourly  Monthly Annual | **If seasonal/temporary or work study, when does job end?** Click or tap here to enter text. |

**Education & Training**

|  |  |  |
| --- | --- | --- |
| Did you **start** an education or training program in the past 3 months? | Yes | 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 | Name of Program:  Click or tap here to enter text. |

**Financial Literacy & Life Skills Training**

Note any Financial Literacy or Life Skill classes you attended in the last 3 months?

|  |  |  |
| --- | --- | --- |
| **Topic** | **Date** | **Location/Presenter** |
| 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. |

Did you request and/or obtain copies of your credit reports -  YES -  Equifax  Experian  Trans Union

Have you completed a Budget Worksheet -  YES

**Services**

|  |
| --- |
| **Are you in need of assistance with any of the following services to help support your FSS progress?**  Childcare - YES Health Services - YES Legal Assistance - YES  Transportation - YES ESL/ELL Classes - YES Job Search Assistance - YES  Credit Reports - YES Budgeting - YES Education/Training Assistance - YES  Homeownership - YES Conflict Management - YES Resume’ or Interviewing Skills - YES  Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

Are you working with any other people or agencies to help support your FSS goals at this time? YES

If yes, briefly describe how they are supporting you. If comfortable, include name of person/agency: Click or tap here to enter text.

**Individual Training & Service Plan Progress**

*Please note which ITSP goals you are actively working on* ***or*** *have completed in the last 3 months.*

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

***Status:*** In progress Completed Date completed: Click or tap to enter a date.

Comment: Click or tap here to enter text.

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

***Status:***  In progress Completed Date completed: Click or tap to enter a date.

Comment: Click or tap here to enter text.

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

***Status:*** In progress Completed Date completed: Click or tap to enter a date.

Comment: Click or tap here to enter text.

Do you want to schedule 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 progress 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 the FSS escrow account.
* I must remain in compliance with program requirements and complete ITSP Goals within the timeframe stated on my FSS Contract of Participation to successfully graduate and obtain any money accrued in the escrow account held on my behalf.

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