*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 directly on a check box to mark it or unmark it.**

**Return report to** abbyk@evha.org **by: October 15th**

You may also drop off or send by U.S. mail to: 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 [ ] SelfAre you searching for new employment: [ ] Yes [ ]  NoIf unemployed, do you receive unemployment benefits: [ ] Yes [ ]  No - If yes, how much per week $\_\_\_\_\_\_\_\_\_\_\_I currently receive these other 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’s 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 obtain copies of your credit reports - [ ]  YES - When: Click or tap to enter a date.

What Credit Bureaus: [ ]  Equifax [ ]  Experian [ ]  Trans Union What is your current FICO Score: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Are you maintaining a monthly 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 - [ ] YESHomeownership - [ ] YES Conflict Management - [ ] YES Resume’ or Interviewing Skills - [ ] YESOther: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  |

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

If yes, briefly describe who & how they are supporting you: 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 [ ] Not Started [ ] 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 [ ] Not Started [ ] 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 [ ] Not Started [ ] 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 Property Manager/Housing Choice Voucher Specialist as well as my FSS Coordinator.
* 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 all escrow funds held on my behalf.
* 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. |