



# County of San Diego

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## ANNUAL FAMILY SELF-SUFFICIENCY UPDATE – 2010

Participants Name: \_\_\_\_\_

Please provide the following:

Home phone number?	E-mail address?
Work phone number?	Cell phone number?

### PARTICIPANT'S PROGRESS

In a couple of sentences, explain your employment, education and accomplishments from March, 2009 to today.  
(Attached additional sheets if necessary)

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What were the biggest challenges that you faced in the last year?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Obtain a better job | <input type="checkbox"/> Finish school  | <input type="checkbox"/> Job training    |
| <input type="checkbox"/> Child care          | <input type="checkbox"/> Transportation | <input type="checkbox"/> Budgeting money |
| <input type="checkbox"/> Other (explain)     |   |  |

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If we provided the following workshops which would you most likely to attend?

- |  |  |
|--|--|
| <input type="checkbox"/> Identity theft                      | <input type="checkbox"/> Job search      |
| <input type="checkbox"/> Child support                       | <input type="checkbox"/> Going green     |
| <input type="checkbox"/> Credit management/credit repair     | <input type="checkbox"/> Budgeting       |
| <input type="checkbox"/> Renting                             | <input type="checkbox"/> Career planning |
| <input type="checkbox"/> Homebuyer seminars or homeownership |  |

### EMPLOYMENT AND INCOME

Are you employed?

- Part Time  Full Time  Unemployed

Job Title \_\_\_\_\_

Employer \_\_\_\_\_ Start  
Date \_\_\_\_\_

Does your job offer any benefits? (Please mark all that apply) HEALTH RETIREMENT OTHER

If unemployed, do you need career counseling? Yes No If yes, for what career \_\_\_\_\_

Are you receiving welfare benefits? Yes No If yes, what kind  
\_\_\_\_\_

Do you plan to apply for Earned Income Tax Credit (EITC) this year? Yes No

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San Diego, CA 92123

**EDUCATION**

Do you have a High School Diploma?

- High School Diploma  GED  Plan to get your GED  No

What is the highest grade you have completed in school?

- 12 (High School)  4-year College  2-year College

OTHER \_\_\_\_\_

Are you currently enrolled in School?

- Community College  University  Vocational School

Other \_\_\_\_\_

What is the name of the school you are attending? \_\_\_\_\_

What is your field of study?  
\_\_\_\_\_

Have you obtained any professional degrees or vocational certifications?  Yes  No If so, please list including dates:  
\_\_\_\_\_

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**RESOURCES**

Does everyone in your household have health care insurance?  Yes  No If not, who needs health care? \_\_\_\_\_

What type of health care are you and your family receiving (mark all that apply)

- Medi-cal  Medicare  Medicaid  Work related  For children only  Self paid

Other \_\_\_\_\_

Do you have a computer at home?

- Yes  No, need a computer If yes, approximately how old is it? -  
\_\_\_\_\_

What kind of Internet access do you have at home?

- None
- Dial Up
- DSL
- Cable
- Other \_\_\_\_\_

Of the resources provided to you by the FSS program, which ones have you used in the last 12 months?

- Employment information  2-1-1
- Money Smart  Earned Income Tax Credit (EITC)
- Other Financial Information  Scholarships
- Homebuyer seminars/ homeownership  Career Fairs
- Other

How many persons in your household have made use of the resources suggested by FSS:  1

2  Other \_\_\_\_\_

What are your future goals for the remainder of your FSS participation?  
\_\_\_\_\_  
\_\_\_\_\_

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How can we help you meet your

goals? \_\_\_\_\_

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Thank you for your time and answers!!! Please return this update no later than April 30, 2010. Feel free to contact one of us if you have any questions, comments or suggestions.

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