

FAMILY SELF – SUFFICIENCY PROGRAM GOAL SHEET

MONTHLY GOAL Checklist

If you have answered “No” to items on the checklist or need any assistance, call the FSS staff at (540) 437-9545, to schedule an appointment.

Goal sheets need to be turned in no later than the 10th of each month.

Contact Information

Name: _____ Phone number: _____
Address: _____ Language: _____
Email: _____

Paid rent on time.

Yes No

Check “Yes” or “No” to the statements below.

- Staying in contact with case worker/FSS worker Yes No
- Meeting your monthly goals Yes No
- Keeping unit clean/being a good neighbor (Call 434-7386 for maintenance) Yes No

Employment/Working

- Yes **Employer:** _____
Hours per week: _____ Rate of Pay: _____
- No (If no, please check the boxes below where you need assistance)
- Need help finding a job/creating a resume Yes No
 - Need to sign-up for pre–employment class(es) OR Parenting Education Support (PEAS) Yes No

Do you have a budget?

Yes No (if no, please contact FSS Caseworker at 437-9545 to assist you with a budget)

Accomplishments or Goals Meet This Month (new job, pay raise, education)

Remember: Make the most of your time in the program! It’s here to benefit you. Call 437-9545 today, if you need assistance.

SIGNATURE: _____