

FSS MONTHLY PROGRESS REPORT

Name

Date

Report for the month of:

Phone:

Please complete this questionnaire for your monthly FSS Contract/ITSP/HCV Assistance Requirement and return to Torri Nelson no later than the 15th of this month.

1. Has your address, phone or household composition changed in the last month? If yes, please explain.

2. Check income/assistance you are currently receiving:

- | | |
|--|--|
| <input type="checkbox"/> Wages | <input type="checkbox"/> Social Security |
| <input type="checkbox"/> Unemployment Benefits | <input type="checkbox"/> SSI |
| <input type="checkbox"/> SNAP/Food Stamps | <input type="checkbox"/> Grants/Scholarships/Student Loans |
| <input type="checkbox"/> TANF/Work First | <input type="checkbox"/> Other |
| <input type="checkbox"/> Child Support | |

3. Are you working, going to school, or enrolled in a training program? Yes No

Where are you working?

Job Title

Date Started

Hours per week:

Hourly rate \$

List any employee benefits (health insurance, retirement, paid education):

Are you in a work experience or training program?

Start Date

End Date

If you are a student, where do you attend?

What is your course of study?

Please provide a copy of your enrollment documents to include cost of tuition, books, fees and any financial aid support.

4. Describe any activities you worked on that are stated in your ITSP (Individual Training & Services Plan)

5. List the items you completed from your ITSP during the last month

6. List at least one accomplishment and on thing you did to reward yourself last month

7. In what areas of your life do you wish you had more help with and how do you see the Asheboro Housing Authority or your FSS program being able to help?

Signature:

Please return this form to Torri Nelson via email @ tnelson@asheboroaha.org or fax @ 336-625-0651 or postal mail to Asheboro Housing Authority, PO Box 609, Asheboro, NC 27203