



21 South 61<sup>st</sup> Street  
Philadelphia PA 19139-3018  
Tel: 215-748-8750 • Fax: 215-748-6969  
E-mail: [info@achieve-ability.org](mailto:info@achieve-ability.org)  
[www.achieve-ability.org](http://www.achieve-ability.org)

March 20, 2009

Dear Ms. :

Thank you for your interest in the *AchieveAbility Family Self-Sufficiency Program*. Attached you will find an application for AchieveAbility's services. Please understand that your filling out this application does not guarantee that AchieveAbility will be able to provide services to you and your family. AchieveAbility gets many applications and is not able to provide services to everyone who applies.

When we receive your completed application, you will receive a letter notifying you of this. We may invite you to our offices for an interview. Again, an interview does not guarantee that we will be able to provide you services.

Please keep this page for your reference so that you may track the status of your application. If you have not heard back from us, please feel free to call us to check on the status of your application. If there is anything you do not understand, please call us. Please also take some time to read over the attached description of our program and keep these forms for your reference.

Again, thank you for your interest in AchieveAbility's program. We look forward to receiving your application back soon. Regardless of whether or not you join our program, we wish the best for you and your family.

Sincerely,

Ronit Caplan

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AchieveAbility contact person: \_\_\_\_\_

Date application received: \_\_\_\_\_

Date application returned to AchieveAbility: \_\_\_\_\_

Date of response from AchieveAbility: \_\_\_\_\_

Date of first interview: \_\_\_\_\_

Date of second interview: \_\_\_\_\_

Date of admission decision by AchieveAbility: \_\_\_\_\_



A copy of the official registration and financial information may be obtained from the Pennsylvania Department of State by calling toll free, within Pennsylvania, 1-800-732-0999. Registration does not imply endorsement.



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AchieveAbility is a family self-sufficiency program that provides services to homeless, low-income, single parent families. Participation in the program will require the following: *working a part-time or full-time job; consistently and year round, attending school during the day, evening or weekends; attending tutoring; participating in AchieveAbility life skills workshops, family activities and client meetings; meeting with an AchieveAbility case manager; attending to the needs of your children; and attending to your own needs.* There are three major aspects to our program.

### **Housing**

AchieveAbility operates 146 units (houses and apartments) in West Philadelphia. All of our units are between two and four bedrooms. Parents who enter our program live in their own unit and are responsible for both rent and utility bills. Rents are based upon family size, income and the type of property that a parent is living in.

### **Education**

AchieveAbility is not a housing program but a self-sufficiency program therefore our main focus is on education. We believe that education is the key to self-sufficiency. All of the parents in our program are working towards long-term educational goals. Parents enter AchieveAbility at different stages in their educational journeys. If a parent has not yet completed a GED or high school diploma we will provide individualized tutoring services. Once parents have completed high school, they are required to begin working towards a college level degree at an accredited college, university or trade school in a program that is at least 18 to 24 months long. We will not accept certificate programs. The educational requirement is part of the lease so if a parent does not continue with their educational plan they would no longer be able to stay in their housing. AchieveAbility parents are expected to be both working and attending school. Most parents in the program are working full – time and attending school part-time.

### **Supportive Services**

To assist parents in working towards their goals, AchieveAbility provides the following supportive services: *case management, GED tutoring, college level academic support, career planning and assessments, financial planning, family enrichment activities, family workshops, computer center, reading and math specialists, individual and family therapy, drug and alcohol counseling, teen activities and college preparation, transportation subsidies, homeownership savings program and a tenant association.* In order to provide the highest quality of services to our parents, AchieveAbility does require each parent in the program to submit documentation to his or her case manager on a regular basis. For example, in the area of education, each parent must submit copies of applications, registrations, financial aid reports and grade reports. In the area of finances, each parent must submit copies of bills. In the area of parenting, each parent must submit, for each child, copies of the child's report cards and medical records. It is also required that each family certify its income to AchieveAbility on an annual basis. This means that AchieveAbility must get, each year, verification of all of your sources of income. These are just some of the types of documentation that AchieveAbility require



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## Application for Services

Today's Date: \_\_\_\_\_

### Section One

In this section, please provide the following basic information about yourself and your family.

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

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Home

\_\_\_\_\_

Work

\_\_\_\_\_

Other

For each of your children, please write down his or her name, gender (male or female), age, grade and name of school or daycare facility. Include all of your children, whether or not they currently live with you.

\_\_\_\_\_ Child's Name \_\_\_\_\_ Gender \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_ School/Daycare \_\_\_\_\_



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## **Section Two**

In this section, please tell us about the long-term goals that you have for you and your family in different areas by answering the questions below.

### Education

What are your ultimate, long-term goals in this area? What type of degree do you want to earn? What field of study do you want to pursue? What school or schools do you want to go to? By what date do you want to achieve your goals in this area?

What positive things about you and your situation will help you achieve your goals in this area? What obstacles do you need to overcome to achieve your goals in this area?

### Finances

What are your ultimate, long-term goals in this area? What career field do you want to pursue? What specific job do you want to have? How much money do you want to make per year? What kinds of things do you want to be able to afford? By what date do you want to achieve your goals in this area?

What positive things about you and your situation will help you achieve your goals in this area? What obstacles do you need to overcome to achieve your goals in this area?



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### Parenting

What are your ultimate, long-term goals in this area? What goals do you have with respect to your children's education, personal development, health, character and career paths? By what date do you want to achieve your goals in this area?

What positive things about you, your children and your situation will help you achieve your goals in this area? What obstacles do you need to overcome to achieve your goals in this area? How can you tell whether or not your children are on track to accomplish these goals?

### Personal

What are your ultimate, long-term goals in this area? What goals do you have for yourself with respect to health, relationships, recovery, community involvement, home management and other areas? By what date do you want to achieve your goals in this area?

What positive things about you and your situation will help you achieve your goals in this area?  
What obstacles do you need to overcome to achieve your goals in this area?



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### **Section Three**

AchieveAbility offers many different services to help families become self-sufficient. So that we might better serve you should you enter our program, in this section, please tell us more about yourself and your family by answering the following questions.

#### **Education**

What is the highest level of schooling that you have completed?

- Below high school diploma or GED
- GED
- High school diploma
- Some trade school (School: \_\_\_\_\_ )
- Some college (School: \_\_\_\_\_ # of credits earned: \_\_\_\_\_ )
- Trade school certificate (School: \_\_\_\_\_ Field: \_\_\_\_\_ )
- Associate's degree (School: \_\_\_\_\_ Field: \_\_\_\_\_ )
- Bachelor's degree (School: \_\_\_\_\_ Field: \_\_\_\_\_ )

When did you earn this degree?

Indicate any educational activity in which you are currently involved.

Indicate any efforts that you have made in the past to pursue additional education. Indicate dates and the reason or reasons why you stopped.

Do you have a student loan? If so, what is the amount of the loan? Is the loan in default?



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Finances

Indicate your sources of income and the gross (before taxes and deductions) amount that you receive from each source each month.

- Employment                      Amount: \_\_\_\_\_
- TANF (Welfare)                      Amount: \_\_\_\_\_
- Child Support                      Amount: \_\_\_\_\_
- SSDI                      Amount: \_\_\_\_\_
- Food Stamps                      Amount: \_\_\_\_\_
- Unemployment                      Amount: \_\_\_\_\_
- Other (\_\_\_\_\_) Amount: \_\_\_\_\_

If you are currently employed, please answer the following.

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Start date: \_\_\_\_\_

# of hours worked per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Please answer the following for the two most recent previous jobs that you have had.

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Start and end dates: \_\_\_\_\_

# of hours worked per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_

Place of employment: \_\_\_\_\_

Position: \_\_\_\_\_ Start and end dates: \_\_\_\_\_

# of hours worked per week: \_\_\_\_\_ Hourly wage: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

\_\_\_\_\_



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Please answer the following about your current living situation.

Length of time at this location: \_\_\_\_\_ # of bedrooms: \_\_\_\_\_

Monthly expenses

Rent: \_\_\_\_\_ PECO: \_\_\_\_\_ PGW: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Cable: \_\_\_\_\_

SEPTA: \_\_\_\_\_ Car payment: \_\_\_\_\_ Gas (car): \_\_\_\_\_

Insurance: \_\_\_\_\_ Debt expense: \_\_\_\_\_ Recreation: \_\_\_\_\_

Food: \_\_\_\_\_ Clothes: \_\_\_\_\_ Baby sitters: \_\_\_\_\_

Child care: \_\_\_\_\_ Tuition: \_\_\_\_\_ Household items: \_\_\_\_\_

Medical: \_\_\_\_\_ Savings: \_\_\_\_\_ Laundry: \_\_\_\_\_

Other (specify): \_\_\_\_\_

For each of your three most recent previous living situations, please answer the following.

Address: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_

Address: \_\_\_\_\_

Monthly rent: \_\_\_\_\_ Length of stay: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_  
\_\_\_\_\_



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Parenting

For each of your children, please indicate how he or she is doing in school. Discuss grades, attendance and behavior.

For each of your children, please discuss the level of involvement of the child's other parent.

If any of your children are not in school or daycare, please explain why not.

If any of your children are not living with you, please explain why not.

Have you children ever been involved with DHS? If so, please explain.



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Personal

Describe any history of domestic violence in your family (including yourself). Include information about the abuser, the length of the relationship, the type of abuse and any therapy or services that may have been received.

Describe any significant physical or mental health issues in your family (including yourself). Include information on diagnosis, medication, side effects, therapy, social services, mental health facilities and hospitalizations.

Describe any history of drug or alcohol abuse in your family (including yourself). Include information on past or current inpatient or outpatient programs, involvement with NA or AA, sponsor and home group, drugs used, length of use and age at which use began.



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Describe any history of involvement with the criminal justice system in your family (including yourself). Include information on arrests, convictions, dates, types of crime, time served, probation and parole.

Why do you want to leave your current living situation?

Please discuss your current support system.

Please discuss your hobbies, talents, interests and strengths.



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**Section Five**

How do you think AchieveAbility will be able to help you become self-sufficient? If you enter AchieveAbility's program, how long do you think it will take you to become self-sufficient? Explain your answer.

Please use this section to include any additional information that you would like for us to know.

Please sign this application below and return it to

AchieveAbility  
Social Services  
21 South 61<sup>st</sup> Street  
Philadelphia PA 19139.

In signing this application, you are saying that all of the information that you have provided is true and complete, to the best of your knowledge. If you provide information that is not true and complete, this may adversely impact your application.

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Applicant Signature

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Date