ACHIEVEability Self-Sufficiency - Enrollment Criteria

1) Criteria to be accepted into the program:

- **Single Parent**- All eligible applicants are single parents, at least 18 years of age, having at least one child who resides with them.

- **Homelessness**- In order to be eligible for our housing, the applicant must meet the one or more of the homelessness requirements for our program: Either currently residing in a shelter or transitional housing facility; have temporary or emergency residence with a third party; currently residing in an unsafe, unstable, or inappropriate housing environment, or paying over 50% of their total household income towards housing—and in the process of (or in danger) of being evicted from their place of residence.

- **Education**- Applicants must either have a High School Diploma or GED.

- All applicants must be eligible to receive financial aid. –They cannot have a student loan that is in default. **Applicants must provide proof of their student loan status.**

- **Finance**- Applicants must be employed, earning a minimum of $1,500 per month and working a minimum of 30 hours per week.
  However, if the applicant resides in a shelter or transitional housing unit, there are a few alternate income sources that may be accepted for the enrollment process.

- In addition, in order to be scheduled for an interview, all applicants must complete the ACHIEVEability online educational assessment (TABE) test, and meet the current overall minimum TABE score requirement (currently 6.0) AND submit all of the required documentation.
ACHIEVEability Family Self-Sufficiency Program Application

Please note: All information requested on this application form will be kept confidential within ACHIEVEability.

**Personal Information**

Applicant’s Name: ___________________________ Date Submitted: ______________

How did you find out about ACHIEVEability?

☑ Shelter/Transitional Housing ___________________________ ☐ Internet ___________________________

☐ Social Service Agency ___________________________ ☐ Other ___________________________

☐ Former/Current Participant ___________________________ ☐ Other ___________________________

Cell: (_____) __________ Work: (_____) __________ Home: (_____) _____________________

Email Address: ___________________________

Gender: ☐ Female ☐ Male ☐ US Citizen: ☐ Yes ☐ No Date of Birth: ______________

Disabled: ☐ Yes ☐ No  If yes, please explain: ___________________________

Race: ☐ Black/African-American ☐ Caucasian ☐ Asian ☐ Latino or Hispanic ☐ Native American

☐ Pacific Islander ☐ Other: ______________  Ethnicity: Hispanic/Latino ☐ Yes ☐ No

Marital status: ☐ Single (never married) ☐ Married ☐ Separated

☐ Divorced ☐ Widowed ☐ Separated by law

Current Living Situation: ☐ Shelter/Transitional Housing Name _____________________ ☐ Other ______________

Applicant’s Present Address

Street: ___________________________ Apt #: ______________

City: ___________________________ State: _______ Zip Code: ______________

Monthly Rent: ______________ Start Date: ______________ End Date: ______________

Reason for Leaving: ___________________________

Reason for seeking housing: __________________________________________________________________________

___________________________________________________________________________________________________

**Previous Address History**

List your 3 previous addresses, starting with the most recent address prior to your current address:

Street: ___________________________ Apt #: ______________

City: ___________________________ State: _______ Zip Code: ______________

Monthly Rent: ______________ Start Date: ______________ End Date: ______________

Shelter/Transitional Housing: ☐ Yes ☐ No
Reason for Leaving: ________________________________________________________________

Street: _____________________________________________ Apt #: ______________________

City: _____________________________ State: _______ Zip Code: _________________

Monthly Rent: ______________________ Start Date: __________ End Date: __________

Shelter/Transitional Housing: ☐ Yes ☐ No Reason for Leaving: ________________________________________________________________

Street: _____________________________________________ Apt #: ______________________

City: _____________________________ State: _______ Zip Code: _________________

Monthly Rent: ______________________ Start Date: __________ End Date: __________

Shelter/Transitional Housing: ☐ Yes ☐ No Reason for Leaving: ________________________________________________________________

Were you ever evicted? ☐ Yes ☐ No If yes, please explain when and why: _______________________________________________________

Why do you want/need to leave your current living situation? ________________________________________________________________

______________________________________________________________

<table>
<thead>
<tr>
<th>Household Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in Household: _______ Are you a single parent? ☐ Yes ☐ No Are you expecting? ☐ Yes ☐ No Expected due date: ________________</td>
</tr>
</tbody>
</table>

Do all of your children currently live with you? ☐ Yes ☐ No If no, please explain: ____________________________________________________________

List each person who will be living in the household:

<table>
<thead>
<tr>
<th>First Name</th>
<th>MI</th>
<th>Last Name</th>
<th>Date of Birth</th>
<th>Relationship to applicant</th>
<th>Sex</th>
<th>Race</th>
<th>School/Daycare &amp; Grade</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Self</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
Applicant Employment Information

Employment Status (choose one):

- □ Employed full-time
- □ Employed more than full-time (Overtime or more than one job)
- □ Employed part-time
- □ Unemployed
- □ Work Study

Current Employer: ___________________________ Phone: (____) ____________
Street: ________________________________
City: ___________________________ State: ________ Zip Code: __________
Position: ___________________________ Start Date: ___________ End Date: ___________
Hourly Rate: ___________ Hours Worked Per Week: ___________ Temporary □Yes □No
Reason for leaving {if end date is given}: __________________________

Previous Employment:

Employer: ___________________________ Phone: (____) ____________
Street: ________________________________
City: ___________________________ State: ________ Zip Code: __________
Position: ___________________________ Start Date: ___________ End Date: ___________
Hourly Rate: ___________ Hours Worked Per Week: ___________ Temporary □Yes □No
Reason for leaving: __________________________

Employer: ___________________________ Phone: (____) ____________
Street: ________________________________
City: ___________________________ State: ________ Zip Code: __________
Position: ___________________________ Start Date: ___________ End Date: ___________
Hourly Rate: ___________ Hours Worked Per Week: ___________ Temporary □Yes □No
Reason for leaving: __________________________

Employer: ___________________________ Phone: (____) ____________
Street: ________________________________
City: ___________________________ State: ________ Zip Code: __________
Position: ___________________________ Start Date: ___________ End Date: ___________
Hourly Rate: ___________ Hours Worked Per Week: ___________ Temporary □Yes □No
Reason for leaving: __________________________
### Applicant Income Information

Income of Applying Adult - please list **gross income** (before taxes):

- **Employment (wages)** $__________
- **Self-employment** $__________
- **TANF** $__________
- **Food Stamps** $__________
- **Social Security** $__________
- **Unemployment** $__________
- **Child support /alimony payments** $__________
- **Friends or family** $__________
- **Pensions/ retirement** $__________
- **Other (specify: _____________)** $__________

**Total Monthly Income:** $__________

### MONTHLY EXPENSES

<table>
<thead>
<tr>
<th>Housing</th>
<th>Food, Ent &amp; Clothing</th>
<th>Medical</th>
<th>School/Child Care</th>
<th>Total Expenses</th>
<th>Total Income</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rent</td>
<td>Food</td>
<td>Doctor</td>
<td>Tuition</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Rental Insurance</td>
<td>Eating Out</td>
<td>Dentist</td>
<td>Child Care/CCIS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Electricity</td>
<td>Baby Sitters</td>
<td>Prescriptions</td>
<td>Transportation</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td>Trips/Activities</td>
<td>Other:</td>
<td>School Trips</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cell Phone</td>
<td>Vacation</td>
<td>Total</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Cable/Internet</td>
<td>Clothes</td>
<td></td>
<td>Total</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other:</td>
<td>Other:</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td><strong>Total</strong></td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Transportation</th>
<th>Insurance</th>
<th>Miscellaneous</th>
<th>Debt</th>
<th>Total</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>SEPTA</td>
<td>Life</td>
<td>Cleaning Supplies</td>
<td>Student Loans</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car Payment</td>
<td>Medical</td>
<td>Personal Items</td>
<td>Credit Cards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Insurance</td>
<td>Other:</td>
<td>Laundry</td>
<td>Other:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gas</td>
<td></td>
<td>Baby Needs</td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Maintenance</td>
<td></td>
<td>Allowance</td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>Lunches</td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Subscriptions</td>
<td><strong>Total</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Total Income

- **Total Income:** $__________
### Household Assets & Liabilities

<table>
<thead>
<tr>
<th>Do you:</th>
<th>Yes</th>
<th>No</th>
<th>Amount/Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Own a business?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a checking account?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have a savings account?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Have past due bills?</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Have a credit card balance?</td>
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</tr>
</tbody>
</table>

#### Do you have any student loans?

- [ ] Yes
- [ ] No

If yes, how much? ___________________________

What is the status?

- [ ] Current
- [ ] Deferment
- [ ] Forbearance
- [ ] Don’t Know
- [ ] Default - Amount: ______________

### Applicant Educational Information

Please provide information about your educational history. Complete all that apply.

<table>
<thead>
<tr>
<th>Type of Education</th>
<th>School/Facility</th>
<th>Date Completed</th>
<th>Major/Field</th>
<th>Credits Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>High School Diploma</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GED</td>
<td></td>
<td></td>
<td>Math</td>
<td></td>
</tr>
<tr>
<td><em>Circle all passed tests</em></td>
<td></td>
<td></td>
<td>Reading</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Writing</td>
<td></td>
</tr>
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<td></td>
<td></td>
<td></td>
<td>Social Studies</td>
<td></td>
</tr>
<tr>
<td>Trade School Certificate</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Associate’s Degree</td>
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<tr>
<td>Bachelor’s Degree</td>
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</tbody>
</table>

For the following questions, feel free to attach additional pages, if needed.

If you attended additional educational institutions, please list the school, date and number of credits completed.

<table>
<thead>
<tr>
<th>School</th>
<th>Dates Attended</th>
<th># of Credits Earned</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<tr>
<td></td>
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</tr>
</tbody>
</table>

Did you attend school in the past and stop?

- [ ] Yes
- [ ] No

If yes, please explain when and why.
Indicate any educational activity in which you are currently involved.

If you are not currently in school, what is preventing you from attending school?

What type of degree do you want to earn?

What field/major do you want to pursue?

What school do you want to attend?

What specific job do you want to have after you obtain your degree?

What are your immediate educational goals? (Goals to be accomplished within the next 12 months.)

What is your plan to get you from where you are today educationally to where you want to be in four years?

List at least 2 potential obstacles you may face while you are working towards your educational goals and their possible solutions.
Child Information

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

For each of your children please indicate his/her hobbies, interests and/or strengths.

For each child, describe their relationship/contact with their other parent. What support (financial, emotional, childcare, etc.) does the other parent provide?

For each child describe any health or mental health concerns (ADHD, asthma, allergies, etc.). Include information on diagnosis, medication and treatment.

Have you or your children ever been involved with DHS? If yes, please describe the circumstances including dates, current status and plan for reunification, if applicable.
Applicant Background Information

ACHIEVEability offers various supports for our participants. Many of our participants have experienced episodes of domestic violence, physical or mental health issues, problems with drugs or alcohol and/or involvement with the criminal justice system. Please answer all questions thoroughly.

Describe any current or past physical health concerns (diabetes, heart disease, asthma, physical limitations, etc.).

Describe any history of domestic violence in your family (including yourself). Include information about the nature of the relationship and any therapy or services that were received.

Describe any history with mental health concerns 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. 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.

Describe your personal history of drug and alcohol usage. Include information on drugs used, length of use age at which use began. Also, include date of last time of usage.

Have you ever sought treatment for substance abuse? Include information on past or current inpatient or outpatient programs, involvement with NA or AA, sponsor and home group.
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.

Please list your current support system (if any)

Additional Documentation

Please attach the following documents:

- Current Resume
- *Essay Question: Please use a separate sheet of paper to write an essay of 300 words or more describing what self-sufficiency means to you and how ACHIEVEability can support you on this journey. *Essay is required for application to be reviewed
- Please sign this application below and return it to:

  ACHIEVEability
  Attn: Nasima Riley
  Admissions Coordinator
  21 South 61st Street
  Philadelphia, PA 19139

Applicant Signature

My signature below certifies that all information provided on this application is accurate and complete to the best of my knowledge. If you provide information that is not true and complete, this may adversely impact your application.

Signature: ___________________________________________ Date: __________________________

Agency Use Only

Date Received: __________________________ Application Reviewed by: ______________________

Paper file started on: __________________________