



Join us on a journey to self sufficiency!

Homeownership Workshops

Escrow Savings Account

Employment Skills

Life Skills

Case Management

Retreats

Stress Management

Time Management

Budgeting

Workshops

Parenting Skills

Personal and Family Stability



FAMILY SELF SUFFICIENCY PROGRAM INTEREST FORM

Head of Household's Legal Name:

When complete, please return this form to:

Current Address: (please update us on any contact information changes)

ICS FSS Program
2605 S Oneida St Suite 106
Green Bay, WI 54304

Or Fax to: 920-592-1425

Or E-mail to: mackenziere@ics-gb.org

Please Circle the day(s) of the week and list the time(s) of day that you would be able to meet for a one hour appointment: Mon Tue Wed Thu Fri during these times: _____

Current Phone Number Where You Can Be Reached: _____

(or a message can be left for you) Circle one that applies: Home, Cell, Work, Friend, Family, Shared

E-mail Address: _____

Client Signature: _____

Date Signed: _____

**An ICS representative will call to schedule a time to meet with you as soon as possible, or soon after you start receiving rental assistance (if you are not yet an HCV Rental Assistance participant). **

Please circle any eventual goals you have for yourself and/or your family:

Full Time Employment

Homeownership

Stability in my household

Being free of any government assistance

A better job

Greater fulfillment/happiness

Better Credit

Better Transportation

Independence

Improved Physical Health

Improved Emotional/Psychological Health

Please list or describe any other goals that you have not listed: _____

Client Signature: _____

Date Signed: _____

An ICS representative will call to schedule a time to meet with you as soon as possible, or soon after you start receiving rental assistance (if you are not yet an HCV Rental Assistance participant) .

For office use only: Date and time received: _____ HCV Program Status When Received: