

Family Self-Sufficiency Plan

TCC Office Use
Family ID #
Fund Code
Months Used:
Copied to TANF Case Worker
Date:

I understand that in order to get help from the TANF Temporary Assistance program, I must complete and follow a Family Self-Sufficiency Plan (FSSP). Following this plan will help me be well and active for my family and community. I will set realistic goals for my family's progress, and plan activities that will move us toward our goals. I understand that I must comply with this plan and participate in the work activities and other activities developed by me and the TANF department.

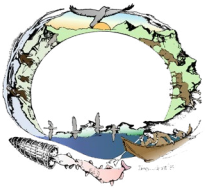
Participant's Name (Print):	
Date of Birth:	Age:
<i>If this is a two parent household then a second FSSP must be filled out by the second adult and each adult must complete 35 hours a week of activities.</i>	
Date of Plan:	

Family Self-Sufficiency Plan

Is having enough food a concern for your family?	Yes	No
If yes, have you applied for food stamps?	Yes	No
Is safe, affordable housing needed for your family?	Yes	No
If yes, what steps are you taking to obtain housing?		

Education

Check the highest grade level you have completed.														
K	1	2	3	4	5	6	7	8	9	10	11	12	GED	High School Diploma
Do you have a college degree? What type?														
Are you currently in school or training?													Yes	No
Where?														
Are you interesting in pursuing further education?													Yes	No
If yes, in what field of study?														



Transportation

What form(s) of transportation do you currently use?			
Do you have your driver's license?	Yes	No	If not, please state why.

Employment

Are you currently working?	Yes	No	If yes, what type of work are you doing?
If no, what was your last job?			Date Ended?
Do you have an updated resume?	Yes	No	

Trainings

What training programs are you interested in?

1.

2.

3.

Childcare

Is lack of childcare an issue?	Yes	No
If yes, TCC Childcare Assistance provides financial help in paying for childcare services while working, attending school, attending training, participating in a treatment program, performing subsistence activities, and/or job searching.		
Have you filled out an application?	Yes	No

Barriers to Employment

Please check the boxes that you identify as being a Barrier to Employment.

Health Problems

Medically Disabled

Criminal History

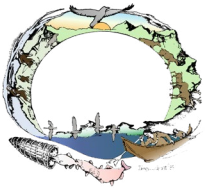
Mental Health

Substance Abuse

Limited/No Jobs Available

Safety of Self/Home

Other:



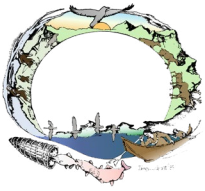
Goals

As a participant of the TANF Temporary Assistance program you are required to participate in working towards your individual goals to self-sufficiency. Complete each section below, write none in the section if this does not apply at this time.

Food/Shelter/Transportation Goal:
Parenting/Relationship/Treatment Goal:
Education/Training Goal:
Community Goal:
Cultural Goal:
Employment Goal (Required) :

What goals outlined above are you going to be working on. List your first 3 steps working towards self— sufficiency. This could be steps towards education, training, attending a treatment program and/or obtaining employment.

First Step:	Target Completion Date:
Second Step:	Target Completion Date:
Third Step:	Target Completion Date:



Responsibility of Agreement

I understand that I must complete a work activity log sheet each month that will demonstrate that I am actively seeking employment, performing community service, and/or attending job readiness training.

I understand that I am required to participate in work/work readiness activities developed by me and my TANF caseworker or Tribal Workforce Development Specialist (TWDS) as this is a work first program.

I understand that my family cannot receive more than a total of sixty (60) months of TANF temporary assistance (including benefits from a similar program in another agency or state) unless TCC determines that I am exempt from this time limit or eligible for an extension.

I understand that I must contact my caseworker to make any changes to this plan.

Responsibility of agreement is supported by TA Manual Sections 719, 730, & 731.

Signature

I UNDERSTAND THAT MY FAMILY MAY LOSE SOME OR ALL OF OUR TANF BENEFITS IF I FAIL TO COMPLETE WORK ACTIVITIES OR OTHER ACTIVITIES DIRECTLY RELATED TO MY ABILITY TO WORK AS IDENTIFIED ON THIS FAMILY SELF-SUFFICIENCY PLAN.

Participant Signature: _____ Date: _____

TWDS Signature: _____ Date: _____