

Full Name: _____

Address: _____ Apt: _____

City: _____ State: _____ Zip Code: _____

Cell Phone: _____ Home Phone: _____

Email: _____ Last 4 digits of your Social Security Number: _____

By signing your name below, you certify that all of the information is correct.

Sign here: _____

Date: _____

1. What is your gender?

- Female
- Male
- I prefer not to answer

2. When were you born?

M	M	D	D	Y	Y
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3. How many adults live in your household (18 years and older)?

Please include yourself.

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4. How many children live in your household?

Include children 17 years old and younger.

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→ If no children, skip to question 7

5. What are the ages of your children under 18?

6. How many children in your household are in childcare, including preschool, day care, afterschool care, or babysitting?

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7. What language do you speak at home?

→ If English, skip to question 9

8. If not English, do you feel comfortable having a conversation about your goals in English?

- Yes
- No

9. What is your ethnicity?

- Hispanic
- Not Hispanic
- I prefer not to answer

10. What is your race? *Please select all that apply.*

- African-American/Black
- American Indian/Alaskan Native
- Asian
- Caucasian/White
- Pacific Islander/Hawaiian
- Other _____
- I prefer not to answer

11. What is your current marital status?

- Single, never married
- Married
- Divorced
- Separated
- Widowed

12. Do you or any member of the family receive any of the following assistance? Please select all that apply.

- TANF Income Assistance (Welfare)
- Medicaid/Children's Health Insurance Program
- General Assistance
- Earned Income Tax Credit
- Food Stamps

13. Have you previously participated in an FSS program?

- I have never enrolled in an FSS program
- Yes, and I graduated
- Yes, but I did not graduate

14. If yes, what year did you join the FSS program?

15. If you graduated, how much did you escrow while in the FSS program?

16. Are you CURRENTLY enrolled in any of the following programs? Please select all that apply.

- GED program
- Job training program
- Trade/Vocational School Certification or Licensure program
- Associate's degree program
- Bachelor's degree program
- Graduate degree program
- None, not currently enrolled in any of these programs

17. If yes, what is the name of the school/program you are CURRENTLY enrolled in?

School: _____

Program: _____

18. What is the HIGHEST level of education you have received? Please select one.

- Grade K-5 → Skip to question 21
- Grade 6-8 → Skip to question 21
- Grade 9-11 → Skip to question 21
- High School Diploma or GED → Skip to question 21
- Some Vocational/Trade School
- Vocational/Trade School Diploma or Certificate
- Some College
- Associate's Degree
- Bachelor's Degree
- Some Graduate School
- Graduate Degree

19. What is the name of the school/program where you received your HIGHEST level of education?

20. What is your current employment status?

- Employed full-time
- Employed part-time
- Student, not working → Skip to question 25
- Unemployed → Skip to question 25
- Retired → Skip to question 25
- Other _____

21. If employed, who is your current employer?

22. If employed, what is your current position?

23. If employed, date employment began

24. Benefits in Current Employment: Please select all that apply.

- Health
- Retirement
- Other

25. Please list goals:

Educational: _____

Employment: _____

Financial: _____