JCHA Employees: ONLY BOLDED Areas Needed for Referral

JACKSON COUNTY HOUSING AUTHORITY
ROSS INTEREST/REFERRAL FORM

Thank you for your interest in the Jackson County Housing Authority Resident Self-Sufficiency (ROSS) Program. If you are a Housing Authority resident, and desire to join the ROSS program please complete this form and return it to JCHA.

Name: _____ **Phone:** _____
Address: _____ **Email:** _____

Employed ❑ Yes ❑ No
- Where? _____ How long employed? _____

Veteran ❑ Yes ❑ No

Do you have a Primary Care Provider (PCP)?	❑ Yes	❑ No
Have you seen your PCP within last 12 months?	❑ Yes	❑ No
Are you currently attending any training or educational program?	❑ Yes	❑ No
Do you receive SSI or Social Security?	❑ Yes	❑ No
Does anyone in your household receive TANF/SNAP? (circle one)	❑ Yes	❑ No
Do you have a High School Diploma	❑ Yes	❑ No
Do you have a GED	❑ Yes	❑ No

Last grade in school completed if no Diploma: _____

What type of supportive services would be most beneficial to you?

- ❑ Job Training
- ❑ Job Advancement
- ❑ Education
- ❑ Child Care
- ❑ Transportation
- ❑ Health Care
- ❑ Homeownership Counseling
- ❑ Financial Literacy/Money Management
- ❑ Parenting Classes
- ❍ Other _____

Current Needs?

_____

_____

What are your barriers/obstacles preventing your needs being met?

_____

_____

FOR OFFICE USE ONLY	
Date Completed:	**Reason for Referral:**
Property Manager:	Referral Recd.: