

**FAMILY SELF-SUFFICIENCY PROGRAM
MONTHLY PROGRESS REPORT**

Name _____ Phone _____ Date _____

Report for the month of: _____ Due by the 5th of the month. Thank you

1. Has your address, phone or household composition changed in the last month? If yes, please explain.

2. Check income/assistance you are receiving: Wages _____ Unemployment Ins _____ Food Stamps _____ TANF _____
OHP _____ Child Support _____ ERDC _____ SSI/SSDI _____ Student loans/grants _____ Other _____

3. Are you working, going to school, or enrolled in a training program? Yes _____ No _____

Where are you working? _____ Job title _____

Date started _____ Hours per week? _____ Hourly/monthly rate? _____

List any employee benefits (health, retirement) _____

Are you in a work experience or training program? _____ Start date _____ Ending date _____

Are you a student? _____ What school do you attend? _____

What is your course of study? _____ How many classes/credits? _____

4. Describe any activities you worked on that are stated in your Individual Training and Services Plan.

5. List the items you completed from your Individual Training and Services Plan during the last month.

6. Please list any concerns, questions or comments you have had during the last month.

7. List at least one accomplishment and one thing you did to reward yourself last month.

8. Has your rent increased or decreased? _____ Date effective _____

Signature _____

Please return to Christie Van Aken
Housing Authority of Jackson County 2251 Table Rock Rd. Medford, OR 97501
You may also send via fax (541) 857-1118 or email christie@hajc.net