

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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17. Family Self-Sufficiency (FSS)/ Welfare to Work (WtW) Voucher Addendum

17a. Participate in special programs? (check all that apply) <input type="checkbox"/> FSS <input type="checkbox"/> Welfare to Work Voucher	
17b. FSS report category: (check no more than one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Progress <input type="checkbox"/> Exit	
17c. FSS effective date (mm/dd/yyyy) of action	17c.
17d. PHA code of PHA administering FSS contract	17d.
17e. WtW report category (check no more than one) <input type="checkbox"/> Enrollment <input type="checkbox"/> Progress <input type="checkbox"/> Exit	
17f. WtW effective date (mm/dd/yyyy) of action	17f.
17g. (1) PHA code of PHA that issued the WtW Voucher	17g(1).
(2) PHA code of PHA counting the family as enrolled in its WtW Voucher program (if different from 17g(1))	17g(2).
17h. General information	
(1) Current employment status of head of household. Check the box to indicate the head of household's employment status at the time addendum completed. <input type="checkbox"/> Full-time (32 hours per week or more) <input type="checkbox"/> Part-time <input type="checkbox"/> Not employed	
(2) Date (mm/dd/yyyy) current employment began	17h(2).
(3) Benefits in current employment: (check all that apply) <input type="checkbox"/> Health <input type="checkbox"/> Retirement account <input type="checkbox"/> Other	
(4) Years of school completed by the head of household. Enter the highest grade of education or years of formal schooling the head of household completed at the time Addendum is submitted. (0-25)	17h(4).
(5) Assistance received by the family: (check all that apply) <input type="checkbox"/> TANF Income Assistance <input type="checkbox"/> General Assistance <input type="checkbox"/> Food Stamps <input type="checkbox"/> Medicaid/Children's Health Insurance Program <input type="checkbox"/> Earned Income Tax Credit	
(6) Number of children receiving childcare services	17h(6).

17i. Family services table (optional for WtW Voucher)

	(1) Need (Y or N)	(2) Need Met During Participation in Program (Y or N)	(3) Service Provider
Education/Training			
GED			
High school			
Post secondary			
Vocational/Job training			
Job search/job placement			
Job retention			
Transportation			
Health services			
Alcohol and other drug abuse prevention services			
Mentoring			
Homeownership counseling			
Individual Development Account (IDA)			
Child care			
None			

17i. (3) Service provider codes:

P = PHA

D = DOL grantee

PR = For profit entity

E = Employer

T = TANF agency

V = Voluntary organization

N = Nonprofit agency

C = Community college