

Head of household name	Social Security Number	Date modified (mm/dd/yyyy)
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23:	Family Self-Sufficiency (FSS)/MTW Self Sufficiency Addendum
Note:	Complete this section if the family participates in the Family Self-Sufficiency or an MTW self-sufficiency program.
Line 23a:	Identify if the family participates in a Family Self-Sufficiency (FSS) program or an MTW self-sufficiency program.
Line 23b:	Check one category to indicate the purpose of the FSS Addendum.
Line 23c:	The effective date of the self-sufficiency action.
Line 23d:	The PHA code associated with the PHA that provides the self-sufficiency services.
Note:	For help obtaining the PHA's identification number, contact the appropriate HUD field office, the HA Profiles Web Site within PIC or the MTCS Hotline at 1-800-FON-MTCS.
Line 23e:	Reserved.
Line 23f:	Reserved.
Line 23g:	Reserved.
Line 23h.(1):	Indicate the head of household 's current employment status.
Line 23h.(2):	The date the head of household began his/her current job.
Line 23h.(3):	Indicate the head of household's current employment benefits. Check all that apply.
Line 23h.(4):	Reserved.
Line 23h.(5):	Indicate whether or not the family receives additional assistance, such as food stamps, Medicaid, TANF assistance, or the earned income tax credit.
Line 23h.(6):	Indicate the number of children in the household who receive childcare services.
Line 23i.(1):	Indicate whether or not the PHA identified individual training and service needs of the family members.
Line 23i.(2):	If the PHA identified certain needs for family members, indicate whether or not the program meets these needs.
Line 23i.(3):	Using the codes provided at bottom of page, indicate the type of service provider that meets the participant's need.