

**Family Self-Sufficiency Program  
Individual Training and Services Plan**

Attachment \_\_\_\_\_

Name of Participant \_\_\_\_\_

Social Security Number \_\_\_\_\_

**Final Goal** \_\_\_\_\_

Interim Goal Number \_\_\_\_\_

Date Accomplished \_\_\_\_\_

Activities/Services

Responsible Parties

Date/s

Comments \_\_\_\_\_

**Signatures:****Family**\_\_\_\_\_  
(Participant)\_\_\_\_\_  
(Date Signed)**Housing Agency**\_\_\_\_\_  
(Signature of HA Representative)\_\_\_\_\_  
(Date Signed)