

Georgetown Housing Authority
FAMILY SELF SUFFICIENCY MONTHLY PROGRESS REPORT

NAME: _____

REPORT MONTH & YEAR: _____

CHECK ALL BOXES THAT DESCRIBE YOUR CURRENT SITUATION FOR THE MONTH:

1. Employed full time by _____

2. Employed part time by _____

3. Seeking employment: Name & phone # of employers contacted

a. _____

b. _____

c. _____

d. _____

4. I attended training/educational class/tutoring/life skills class. Please provide the name of the course and the organization providing it.

a. _____

b. _____

c. _____

d. _____

5. I have received services through a county or community agency. List name of Agency & Service provided.

a. _____

b. _____

c. _____

d. _____

6. Some information I would like to share (event that happened this month).

7. I completed the following Contract of Participation goal or interim goal this month.

Email address: _____