

# 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)

Family Self-Sufficiency Program  
Individual Training and Services Plan

Attachment \_\_\_\_\_

Name of Participant	Social Security Number
---------------------	------------------------

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

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

Activities/Services	Responsible Parties	Date/s
---------------------	---------------------	--------

Comments