



EA Self-Sufficiency Plan - Phase II - Part 1

EA Family Name _____
TAO _____
Date _____

Recipient Name \_\_\_\_\_ SSN \_\_\_\_\_

Other Adult Name \_\_\_\_\_ SSN \_\_\_\_\_

Another Adult Name \_\_\_\_\_ SSN \_\_\_\_\_

Shelter Name and Address \_\_\_\_\_

Name of Child (age 5 to 18)	School Attending
_____	_____
_____	_____
_____	_____

Your Self-Sufficiency Plan outlines the specific activities to be done by the adult members of the EA family to help you achieve self-sufficiency and find permanent housing. This Plan is being developed with the staff from the agencies who are working with you to help you get permanent housing. The activities in your Self-Sufficiency Plan will change as you move closer to obtaining permanent housing. As you complete an activity or achieve a particular goal, the Plan will be changed to include new activities until you reach your final goal of finding housing.

**Important:** If a member of your EA family has a mental or physical condition that may prevent you from doing an activity, please complete the following. We may be able to modify the activities to help you participate successfully. Health Issue Yes or No (circle one). Explain \_\_\_\_\_

**Part 1: to be completed by the AU Manager or Homeless Coordinator and the adult members of the EA AU.** Member Name \_\_\_\_\_

The following activities will be part of your Self-Sufficiency Plan and must be completed by \_\_\_\_\_.  
**If you do not do the activities written in this Self-Sufficiency Plan, you will be in noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter benefits.** (Date)

<u>Activities to be Completed</u>	<u>Completed</u>	<u>Date</u>
___ Go to your job for ___ hours a week.	Y - N	_____
___ Complete the work program activities for ___ hours a week.	Y - N	_____
___ Participate in an education or training program for ___ hours a week.	Y - N	_____
___ Go to a job search program for _____ hours a week.	Y - N	_____
___ Register for a training or education program.	Y - N	_____
___ Apply for other benefits (SSI, RSDI, UC, Veterans or Retirement Benefits, TAFDC, etc.)	Y - N	_____
___ Fill out <i>Child Support Application</i> form and return it to DTA.	Y - N	_____
___ Resolve outstanding Massachusetts warrants or defaults	Y - N	_____
___ Other _____	Y - N	_____

# EA Self-Sufficiency Plan - Phase II - Part 1

EA Family Name \_\_\_\_\_

Other Member Name \_\_\_\_\_

The following activities will be part of your Self-Sufficiency Plan **and must be completed by** \_\_\_\_\_.  
**If you do not do the activities written in this Self-Sufficiency Plan, you will be in** (Date)  
**noncompliance with the rules for receiving shelter benefits and you may lose your EA shelter**  
**benefits.**

<u>Activities to be Completed</u>	<u>Completed</u>	<u>Date</u>
____ Go to your job for ____ hours a week.	Y - N	_____
____ Complete the work program activities for ____ hours a week.	Y - N	_____
____ Participate in an education or training program for ____ hours a week.	Y - N	_____
____ Go to a job search program for _____ hours a week.	Y - N	_____
____ Register for a training or education program.	Y - N	_____
____ Apply for other benefits (SSI, RSDI, UC, Veterans or Retirement Benefits, TAFDC, etc.)	Y - N	_____
____ Fill out <i>Child Support Application</i> form and return it to DTA.	Y - N	_____
____ Resolve outstanding Massachusetts warrants or defaults	Y - N	_____
____ Other _____	Y - N	_____

I (we) understand that the activities listed above must be completed by me (us) for our temporary emergency shelter benefits to continue.

\_\_\_\_\_  
 Recipient Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Other Adult Signature Date \_\_\_\_\_

\_\_\_\_\_  
 AU Manager or Homeless Coordinator Signature Date \_\_\_\_\_

\_\_\_\_\_  
 Print AU Manager or Homeless Coordinator Name Telephone \_\_\_\_\_

Monthly Income

TAFDC	\$		Food Stamps Benefit Amount	\$
Net Wages	\$	for _____ weeks		
Child Support	\$			
SSI, RSDI, UCC	\$			
Other	\$			