

NOTE – POSTED FOR INFORMATIONAL PURPOSES ONLY. DO NOT COMPLETE THIS FORM OR RETURN TO HUD. THE ACTUAL SURVEY WILL BE SENT TO ALL GRANTEES AT THE END OF THE PERIOD OF PERFORMANCE OF YOUR CURRENT GRANT.

FSS Annual Report

(to be sent and collected electronically via Google Forms or Survey Monkey or similar)

PHA Name/Name of Multifamily Property

PHA Number

Name of Primary Point of Contact

Email of Primary Point of Contact

Phone Number of Primary Point of Contact

The following data points will be pulled from PIC (for PIH programs) or from Multifamily FSS Program Reporting (for PBRA owners)

1. Number of families enrolled
2. Number of families graduated
3. Number of participants with escrow accounts
4. Number of participants with positive escrow balances

Please answer the following:

1. Which of the following services does your agency coordinate for FSS participants?

Check all that apply

(1) *Child care*—child care (on an as-needed or ongoing basis) of a type that provides sufficient hours of operation and serves an appropriate range of ages;

(2) *Transportation*—transportation necessary to enable a participating FSS family member to receive available services, or to commute to their places of employment;

(3) *Education*—remedial education; education for completion of high school or attainment of a high school equivalency certificate; education in pursuit of a post-secondary degree or certification;

(4) *Employment Supports*—job training, preparation, and counseling; job development and placement; and follow-up assistance after job placement and completion of the CoP;

(5) *Personal welfare*—substance/alcohol abuse treatment and counseling, and health, dental, mental health and health insurance services;

(6) *Household management*—training in household management;

(7) *Homeownership and housing counseling*—homeownership education and assistance and housing counseling;

(8) *Financial Empowerment*—training in financial literacy, such as financial coaching, training in financial management, asset building, and money management, including engaging in mainstream banking, reviewing and improving credit scores, etc.;

(9) *Other services*—any other services and resources, including case management, reasonable accommodations for individuals with disabilities, that are determined to be appropriate in assisting FSS families to achieve economic independence and self-sufficiency.

2. What are your participants' top three most needed services? (choose three)

(1) *Child care*—child care (on an as-needed or ongoing basis) of a type that provides sufficient hours of operation and serves an appropriate range of ages;

(2) *Transportation*—transportation necessary to enable a participating FSS family member to receive available services, or to commute to their places of employment;

(3) *Education*—remedial education; education for completion of high school or attainment of a high school equivalency certificate; education in pursuit of a post-secondary degree or certification;

(4) *Employment Supports*—job training, preparation, and counseling; job development and placement; and follow-up assistance after job placement and completion of the CoP;

(5) *Personal welfare*—substance/alcohol abuse treatment and counseling, and health, dental, mental health and health insurance services;

(6) *Household management*—training in household management;

(7) *Homeownership and housing counseling*—homeownership education and assistance and housing counseling;

(8) *Financial Empowerment*—training in financial literacy, such as financial coaching, training in financial management, asset building, and money management, including engaging in mainstream banking, reviewing and improving credit scores, etc.;

(9) *Other services*—any other services and resources, including case management, reasonable accommodations for individuals with disabilities, that are determined to be appropriate in assisting FSS families to achieve economic independence and self-sufficiency.

3. Do you allow for interim escrow withdrawals? Yes/No

a. If yes, what are your top three uses of Escrow while a family is still in the program (i.e. interim withdrawals)? (choose up to 3)

(1) Transportation – car purchase, car repair, drivers license test/fees, fees associated with the restoration of a license, funds for transportation to training, interviews, and/or employment etc.

(2) Credit Repair/Debt Reduction

(3) Educational Expenses including tuition, books, fees, etc. for FSS participant

(4) Educational Expenses including tuition, books, fees, etc. for child

(5) Employment Start-Up Costs including uniforms, tools, shoes, business attire, etc.

(6) Start-up Entrepreneurial Business Expenses

(7) Other (please name)

4. Do you track participants' uses of escrow after graduation? Yes/No

a. If yes, what are your top three uses of Escrow after FSS graduation? (choose up to 3)

- (1) Homeownership
- (2) Move-in/moving costs (e.g. first/last month's rent, security deposit, movers etc.) for affordable or market rate rental (not with a voucher)
- (3) Transportation – car purchase, car repair, drivers license test/fees, fees associated with the restoration of a license, funds for transportation to training, interviews, and/or employment etc.
- (4) Credit Repair/Debt Reduction
- (5) Educational Expenses including tuition, books, fees, etc. for HoH
- (6) Educational Expenses including tuition, books, fees, etc. for child
- (7) Employment Start-Up Costs including uniforms, tools, shoes, business attire, etc.
- (8) Start-up Entrepreneurial Business Expenses
- (9) Vacation or other entertainment
- (10) Keep in savings
- (11) Other (please name)

5. Are you/Is your agency trained in Trauma-Informed Care? Yes/No

6. Is your agency a HUD-Certified Housing Counseling Agency? Yes/No
a. If Yes, is one or more of your FSS Coordinators also a HUD-certified Housing Counselor? Yes/No

7. Does your FSS program include participants with a FUP-youth and/or FYI voucher? Yes/No

8. The FY21 NOFO allowed for training to be part of the calculation of fringe benefits. Did your PHA include a training allowance/stipend in your Coordinator(s) fringe benefits in 2022? Yes/No
a. If Yes, how much?
b. What training did your Coordinator(s) receive?

9. Does your PHA use a triage system to determine the regularity of meetings that the Coordinator should have with the participant? (Yes/No)

10. How often do most participants meet with their FSS Coordinator/Case Manager/Coach? (choose one)
a. Weekly
b. Monthly
c. Quarterly
d. Every 6 months
e. Once per year
f. Less often than once per year

11. Do you have any recommendations for legislative or administrative action that would improve the FSS program and ensure the effectiveness of the program? (open answer)

- 12. Reserved for annual-specific question**
- 13. Reserved for annual-specific question**
- 14. Reserved for annual-specific question**
- 15. Reserved for annual-specific question**