



CVR NEW YORK – Westchester
FAMILY SELF-SUFFICIENCY PROGRAM
REFERRAL FORM

(Please print neatly)

Date: _____

Name: _____ DOB: _____

Last four (4) digits SS#: _____

Contact Number: _____

Best Time To Call: _____

E-mail: _____ Housing Specialist: _____

- Have you ever participated in the FSS Program? _____

- Please check off the following goals you are interested in pursuing:
 - GED _____
 - College Degree/Certificate Program _____
 - Vocational Training _____
 - Homeownership Program _____
 - Seek &/Or Maintain Employment _____
 - Credit Repair _____
 - Improve Financial Literacy _____
 - Obtain Childcare _____
 - Open Checking and/or Savings account _____
 - Be free of Welfare Assistance _____
 - Other: (Self-Sufficiency Goal) _____

Signature: _____

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112 East Post Road ▪ Suite 102 ▪ White Plains, NY 10601
www.cvrnewyork.com ▪ 914.995.2415

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