



SOUTHERN NEVADA REGIONAL HOUSING AUTHORITY

SUPPORTIVE SERVICES DEPARTMENT

340 North 11th Street, Las Vegas, NV 89101
(702) 477-3120 Fax: (702) 868-1388 TDD: (702) 433-1472

**FAMILY SELF-SUFFICIENCY PROGRAM (FSS)
INTEREST FORM**

I have read the FSS information piece (see reverse side) and I am interested in learning more about the FSS Program. Please add my name to your list of participants for the next orientation session.

I understand that attending the orientation session DOES NOT OBLIGATE ME to enroll in the FSS Program. I also understand that my decision to participate will not affect my housing assistance.

PERSONAL INFORMATION:

Your Name: _____
(You must be the Head of Household)

Client Number: _____
(To be completed by staff)

Your address: _____

Phone number: _____ Cell number: _____ Email: _____

Signature: _____ Date: _____

Please return this form to the office where you received it or mail to:
Supportive Services Department · FSS
P.O. Box 1897 · Las Vegas, NV 89125

En español:

Esta pieza de información está relacionada con el Programa de Autosuficiencia Familiar, un programa gratuito para ayudarle a usted y a su familia a establecer y alcanzar sus metas individuales. Póngase en contacto con Laura Morgan (702-477-3181 o lmorgan@snrha.org) si tiene cualquier pregunta o desea inscribirse.