Resident Opportunity and Self-Sufficiency (ROSS)

Additional Forms Handout

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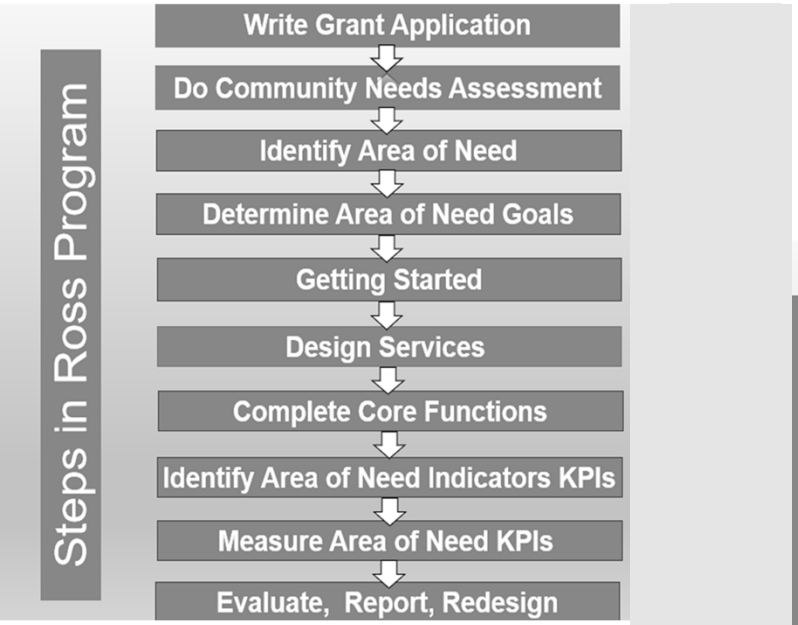
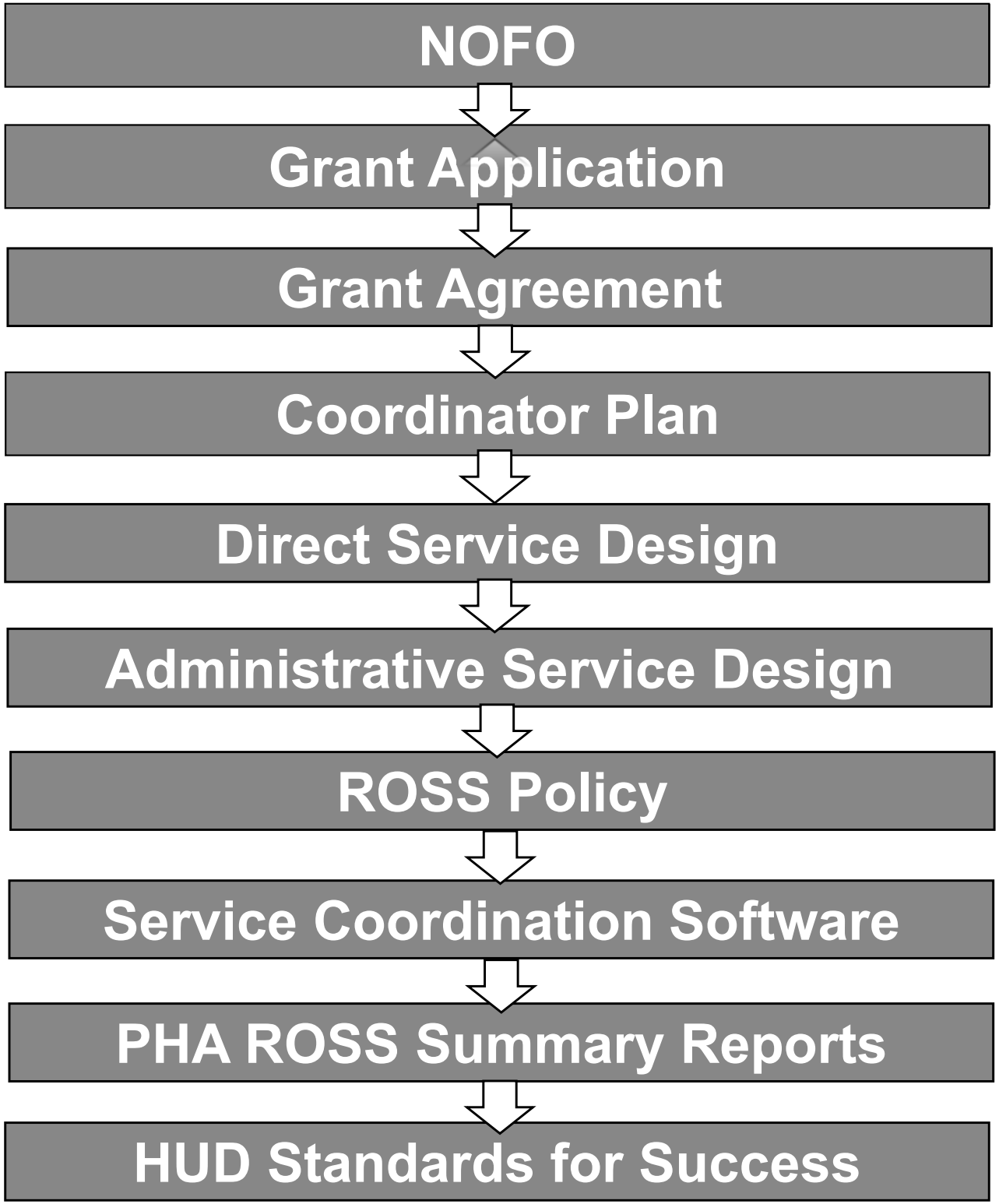
Core Functions
Ross Program

ROSS Definitions



Steps in Ross Program

Key Docs in Ross Program



1 ROSS Service Design Model Full Blank

Goals	Inputs	Area of Need	Activities	Outputs		Outcomes	Outcomes	Outcomes	Indicators		Data			Reports	Design
What are HUD/PHA Trying to Accomplish	What Resources are We Using	Community Needs Assessment	What are We Doing to Accomplish This	How Many Activities Do We Do	How Many Participations in Each Activity	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/Situation	Indicator (How do we see impact?)	Influences (What can change indicator?)	Source (Where will we gather data?)	Instrument (What will we use to gather data?)	Procedure (What steps will we take to gather data?)	Procedure (How Will We Report the Data)	How We Will Analyze Data and Redesign
Header															

Service Design Model

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Header															

Service Design Model

2 ROSS Service Design Model thru Outcomes Blank

HUD/PHA Goals	Inputs	Area of Need	Activities (Core Functions)	Outputs		Outcomes	Outcomes	Outcomes
What are HUD/PHA Trying to Accomplish	What Resources are We Using	Community Needs Assessment	What are We Doing to Accomplish This	How Many Activities Do We Do	How Many Participations in Each Activity	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/Situation
Header								
Footer								

Service Design Model

2 ROSS Service Design Model thru Outcomes Blank

HUD/PHA Goals	Inputs	Area of Need	Activities (Core Functions)	Outputs		Outcomes	Outcomes	Outcomes
What are HUD/PHA Trying to Accomplish	What Resources are We Using	Community Needs Assessment	What are We Doing to Accomplish This	How Many Activities Do We Do	How Many Participations in Each Activity	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/Situation
Header								
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Service Design Model

3 ROSS Service Design Model thru Data and Redesign Blank

Goals	Area of Need	Activities	Outcomes	Outcomes	Outcomes	Indicators		Data		Reports		Design
What are HUD/PHA Trying to Accomplish	Community Needs Assessment	What are We Doing to Accomplish This	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/ Situation	Indicator How Do We See Impact	Influences What Can Change Indicator	Source Where Will We Gather Data	Instrument What Will We Use to Gather Data	Procedure What Steps Will We Take to Gather Data	Procedure How Will We Report The Data	How We Will Analyze Data And Redesign

3 ROSS Service Design Model thru Data and Redesign Blank

Goals	Area of Need	Activities	Outcomes	Outcomes	Outcomes	Indicators		Data		Reports		Design
What are HUD/PHA Trying to Accomplish	Community Needs Assessment	What are We Doing to Accomplish This	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/ Situation	Indicator How Do We See Impact	Influences What Can Change Indicator	Source Where Will We Gather Data	Instrument What Will We Use to Gather Data	Procedure What Steps Will We Take to Gather Data	Procedure How Will We Report The Data	How We Will Analyze Data And Redesign

Resident Opportunity & Self Sufficiency Program Action

Goal	To Do	Priority	Again	Again	Who	When	How

Coordinator's Plan

Resident Opportunity & Self Sufficiency Program Action

Goal	To Do	Priority	Again	Again	Who	When	How

Coordinator's Plan

SAMPLE COMMUNITY NEEDS ASSESSMENT SURVEY

FOR THE ROSS SERVICE COORDINATOR PROGRAM

Part I: Household Information:

1. Are you an adult 18 years or older? (circle one)

Yes	No

2. Are you the head of household? (circle one)

Yes	No

3. Does anyone in your household have a mental or physical disability? (circle one)

Yes	No

Part II: Community/Household Needs:

4. How would you rate the following issues for your household?

Issue	**Serious Problem**	**Moderate Problem**	**Not a Problem**	**Does Not Apply to My Household**
Availability of job training opportunities				
Availability of jobs for adults				
Availability of jobs for youth				
Education				
Availability of child-care services				
Lack of computer/digital literacy				
Cost of living				
Income/wages				
Debt				
Financial security				
Availability of financial services				
Availability of financial counseling				
Elderly living assistance (62+)				
Physical health				
Mental health				

Seeking employment with a criminal record				
Obtaining a degree/diploma with a criminal record				
Availability of substance abuse services				
Need for substance abuse treatment				

5. What are the things that make it difficult for you or other adults in your household to find and/or keep work? (check all that apply)

BARRIER	Check All that Apply
Nothing	
Need affordable childcare	
Caring for a family member who is sick or disabled	
Do not speak English well	
Need computer training	
Need transportation	
Need job experience	
Need job training	
No job opportunities	
Do not have a high school diploma/GED	
Do not have a college degree	
Disability	
Criminal record	
Lack of transportation	
Other – specify	
Other – specify	
Other – specify	
Don't know	
No response	

6. Do you or others in your household have interest in the following? (check all that apply)

INTEREST	Check All that Apply
GED/Adult education	
Vocational training	
Increasing income	
Getting a job	
Getting a better job	
Computer training	
Saving money	
Eliminating debt	
2-year college	
4-year college	

Trade school	
Other (specify)	
Other - specify	
Don't know	
None	
No response	

7. Do you or another adult in your household have difficulty with any of the following? (check all that apply)

SUBJECT/SKILL	Check All that Apply
Reading	
Math	
Writing	
Speaking English	
Writing English	
Using a computer	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	
No response	

8. What are the primary health care needs of your household? (check all that apply)

HEALTHCARE NEEDS	Check All that Apply
Primary health care	
Pediatric (child) care	
Prenatal (pregnancy) care	
Dental care	
Healthcare education/prevention	
Nutrition and exercise programs	
Services to help alleviate stress/anxiety/depression	
Assistance with daily living for elderly/disabled residents	
Health screening services	
Substance abuse treatment	
Smoking cessation programs	
Drinking cessation programs	
Transportation to healthcare services	
Other – specify	
Other – specify	
Other – specify	
Don't know	
None	
No response	

9. What is your gender? (check one)

GENDER	Check One
Identifies as female	
Identifies as male	
Other	

10. What is your age (check range)

AGE RANGE	Check One
18-24	
25-34	
35-44	
45-54	
55-65	
65 or older	
No response	