### Resident Opportunity and Self-Sufficiency (ROSS)

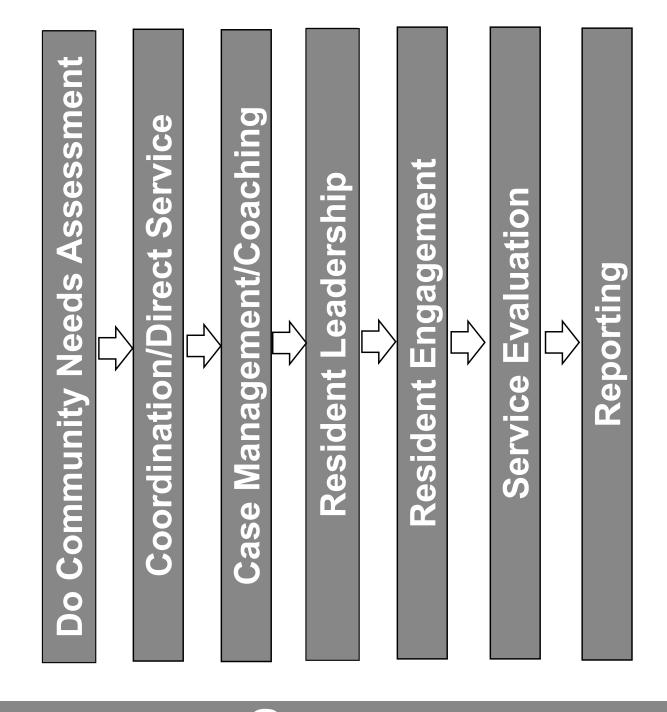
### Additional Forms Handout

September 2025

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### Core Functions Ross Program

## **ROSS Definitions**





Grant Application
Coordinator Plan
Administrative Service Design
Administrative Service Coordination Software

# Do Community Needs Assessment

Write Grant Application

Identify Area of Need

Program

Determine Area of Need Goals

**Getting Started** 

**Design Services and Polices** 

Ross

**Complete Core Functions** 

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dentify Area of Need Indicators KPIs

Steps

**Measure Area of Need KPIs** 

Report, Redesign **Evaluate**,

### Key Docs in Ross Program



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Goals	Inputs	Area of Need	Activities	0	Outputs	Outcomes	Outcomes	Outcomes	Indi	Indicators		Data		Reports	Design
What are	What	Community	What are	How	How Many	Immediate	Short Term	Long Term	Indicator	Influences	Source	Instrument	Procedure	Procedure	How We
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### 2 ROSS Service Design Model thru Outcomes Blank

			6				
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 How Many Activities Participations Do We Do in Each Activity	Immediate Positive Change in Belief	Short Term Positive Change in Behavior	Long Term Positive Change in Status/Situation

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3 ROSS Service Design Model thru Data and Redesign Blank

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

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Goal	To Do	Priority	Again	Again	Priority Again Again Who	When	How
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### 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 p	hysical disability? (circle one)	

### 3.

### 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	
45-54	
55-65	
65 or older	
No response	