

Family Self Sufficiency Action Plan Review Checklist

The Family Self Sufficiency (FSS) Action Plan shall describe the policies and procedures of the Public Housing Authority (PHA) or Multifamily Property Owner for operation of a local FSS program. FSS Action Plan requirements, including procedures concerning the development and approval of the plan, are described in the Code of Federal Regulations at [24 CFR 984.201](#). The [FSS Guidebook may also be used as a helpful resource in the development of FSS Action Plan policies](#) (Section 1.3, *FSS Action Plan and Core Documents for the FSS Program* outlines the basic requirements). The Action Plan shall be developed by the PHA or owner in consultation with the chief executive officer of the applicable unit of general local government and the Program Coordinating Committee.

The table below lists the required information of an FSS Action Plan. It follows the same order and categories listed in the regulation (24 CFR 984.201(d)). Other FSS regulatory references that provide additional information concerning a particular topic are included below for convenience.

HUD USE	
Reviewer Name	
Reviewer Email	
Reviewer Office Location	
☐ Approved ☐ Denied	
Decision Date	

FOR PBRA PROPERTY OWNERS

PRBA Contract Number _____

Property Name _____

(Only list more than one Property if it is a joint FSS program or if there is a Cooperative Agreement between the entities. Otherwise, each Property requires a separate Action Plan. You may add more lines, if needed.)

Primary Point of Contact for this FSS Action Plan

Name _____

Title _____

Email _____

Phone Number _____

HUD Account Executive _____

HUD Account Executive Email _____

HUD Account Executive Regional Center _____

Please submit your completed FSS Action Plan Checklist and FSS Action Plan to your HUD Account Executive via the Incoming email box for the appropriate Regional Center.

FOR PUBLIC HOUSING AUTHORITIES

PHA Name _____

PHA Code (e.g. IL006) _____

Field Office Location _____

PHA Grant Manager Name _____

PHA Grant Manager Email _____

(Only list more than one PHA if it is a joint FSS program or if there is a Cooperative Agreement between the entities. Otherwise, each PHA requires a separate Action Plan. You may add more lines, if needed.)

Primary Point of Contact for this FSS Action Plan

Name _____

Title _____

Email _____

Phone Number _____

Please submit your completed FSS Action Plan Checklist and FSS Action Plan to PHAFSSActionPlans@hud.gov.

Include PHA Name and PHA Code in email subject line and in the document name of any attachments.

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
Family Demographics	A description of the characteristics of the families expected to be served by the FSS program (including ethnic and racial data, program size) and the supportive service needs of the expected population. <i>Note:</i> New FSS programs may assume that FSS participants will be similar to the general population of the PHA or property. <i>(see FSS Guidebook Section 1.3 FSS Action Plan and Core Documents for the FSS Program, FSS Action Plan)</i>		
Estimate of participating families (program size/number of FSS slots)	An estimate of the number of eligible families who can reasonably be expected to receive supportive services based on available resources. • If families from another self-sufficiency program are expected to enroll in the FSS program, the number of those families must be also estimated. • Please note that this is different from the minimum number of families that a program is funded to serve. • PHAs ONLY - This number must be at least the minimum program size required for your agency (or agencies, if joint), if applicable. (If you don't know if you still have a Mandatory Minimum Program or don't know how many slots you have, please consult your field office or include the best numbers you have.) <i>(see 24 CFR 984.105 and FSS Guidebook Section 2.1 Overview of the FSS Program Coordinator Position, Caseload Size; Section and, Section 6.6 Minimum FSS Program Size)</i>		
Eligible families from other self-sufficiency program	If applicable, the number of families, by program type, who are participating in other self-sufficiency programs that are expected to enroll in FSS.		

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
FSS family selection procedures	Policies and procedures for selecting FSS participants, including whether the PHA or owner will offer a preference to prospective participants who are already enrolled in, or on the waiting list for, FSS-related service programs and whether the FSS program plans to screen prospective participants for motivation to participate (the only allowable screening criteria to include). And, a description of how the PHA's selection procedures ensure selection without regard to race, color, religion, sex, handicap, familial status, or national origin. <i>(see 24 CFR 984.203 and FSS Guidebook Section 2.2 Outreach and Enrollment)</i>		
Incentives to encourage participation	A description of the incentives that the PHA or owner intends to offer eligible families to encourage participation in the FSS program, including FSS escrow accounts. <i>(see 24 CFR 984.305 and FSS Guidebook Section 2.2 Outreach and Enrollment)</i>		
Outreach efforts	A description of the planned notification and outreach efforts by the PHA or owner to recruit FSS participants from among eligible families and to provide FSS information to minority and non-minority families. <i>(see FSS Guidebook Section 2.2 Outreach and Enrollment)</i>		
FSS activities and supportive services	A description of the activities and supportive services to be provided to FSS families by both public and private providers and identification of the public and private resources which are expected to provide the supportive services. <i>(see FSS Guidebook Section 3.3 Referrals to Service Providers)</i>		

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
Method for identification of family support needs	A description of how the FSS program will identify the needs of participating families and deliver the appropriate support services. (see <i>FSS Guidebook Section 2.4 Participant Assessments</i>)		
Program termination; withholding of services; and available grievance procedures	Policies for terminating or withholding supportive services or FSS participation for failure to comply with the Contract of Participation. And, the grievance and hearing procedures available to FSS families. (see <i>FSS Guidebook Section 2.3 Contract of Participation and Individual Training and Services Plan</i>)		
Assurances of non-interference with the rights of non-participating families	A statement that provides an assurance that a family's election not to participate in the FSS program will not affect the family's participation in the rental assistance program. (see <i>FSS Guidebook Section 1.2 What is FSS and Why is it Important?</i>)		
Timetable for program implementation	A schedule for program implementation and for filling all FSS slots with eligible FSS families. (see <i>FSS Guidebook Section 2.2 Outreach and Enrollment</i>)		

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
Certification of coordination	PHAs only - A certification by the PHA that the development of the services and activities scheduled to be provided under the FSS program has been coordinated with public and private providers, including self-sufficiency programs of the Departments of Labor and Health and Human Services, and other employment, childcare, transportation, training, and education programs. And, that implementation will continue to be coordinated with these local public and private providers to avoid duplication of services. (This provision does not apply to multifamily owners.) <i>(see FSS Guidebook Section 3.3 Referrals to Service Providers, and Section 6.1 Building Partnerships)</i>		

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
Availability of a Program Coordinating Committee (PCC)	PBRA owners only: A statement indicating whether there is an existing PCC that serves the area where the property is located. If there is an existing PCC where the property is located, a statement indicating whether it is available for the owner to work with. ○ Note: If the owner has made good-faith attempts to reach out to the existing PCC about joining and has received an unfavorable response/no response, then the existing PCC is not considered available. If there is a PCC that is available for the owner to work with, a statement indicating whether the owner will work with the existing PCC or start their own. If there is NO existing PCC that is available for the owner to join, a statement indicating whether the owner plans to start their own. ○ If there is no available PCC, the owner is not required to start their own, but is encouraged to do so. If the owner chooses not to start a PCC, HUD encourages them to develop an alternative approach allowing them to get regular feedback from service providers and FSS participants.		
Other Required Policies (codified either in the Action Plan or separately)	Any other information that would help HUD determine the soundness of the PHA or owner's FSS program. Examples of policies in list below. <i>(see FSS Guidebook Section 1.3 FSS Action Plan and Core Documents for the FSS Program)</i>		
	Policies related to the modification of goals in the ITSP, including limits on modifications as participants approach graduation;		

Required Information	Description	Page Number(s)	Notes (for PHA/owner and/or HUD)
	The circumstances in which an extension of the Contract of Participation may be granted		
	Policies on the interim disbursement of escrow, including limitations on the use of the funds (if any);		
	Policies regarding eligible uses of forfeited escrow funds by families in good standing;		
	Policies regarding the re-enrollment of previous FSS participants, including graduates and those who exited the program without graduating;		
	Policies on requirements for documentation of goal completion;		
	Policies on documentation, designation, and change of the household's designation of the "Head of FSS family;"		
	PHAs only - Policies for providing an FSS selection preference for porting families (if the PHA elects to offer such a preference)-		
	Other policies FSS program related policies over which PHA or owner has discretion (if applicable).		
	Please add rows and list.		