FSS F	Participant (CoP)																			
		Unit	Head of Household	Head of Household	Head of Household Education	Employment Status of Head of	Current Employment Status	Date Current	Emplo	nefits in Current yment (Select "Yes" from dropdown list	Assistance	e Receive	ed by the Family (Sel	lect "Yes" or "No" from		Initial	Initial End	CoP Date	iviembers with	Education
HAP Contract #	Project Name	Number	Last Name	First Name	Level at CoP Start Date (Select from dropdown list)	Household at Cop Start Date (Select from dropdown list)	from dropdown list)	Began	Health	Retirement Account Other	TANF Income Assistance		neral	Medicaid/Children's Health Insurance Program	Earned Income Tax Credit	Start Date of CoP	Date of CoP			Need Met During Participation in Program (Yes / No)

DO NOT ATTEMPT TO ADD ROWS BELOW THE GREEN BAND.

Make any necessary row insertions above the green band.

										Family Se	rvices Needs											
/ Training	g High School / GED		Vocational / Job Training		Job Search / Job Placement		Job Retention		Transportation		Health Services		Alcohol / Drug Abuse Prevention Services		Mentoring		Homeownership Counseling		Individual Development Account (IDA)		Child Care	
Service Provider (Select from dropdown list)		Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)	Need Met During Participation in Program (Yes / No)	Service Provider (Select from dropdown list)
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## HUD-9831D OMB Approval NO. 2502-9831 (pending)

	FSS Clie	ent Outcome		Terminated Contract of Participation						Escrow Balance								
Did Family Complete CoP? (Select "Yes" or "No" from dropdown list)	CoP Completion Date	Did Family Move to Homeownership? (Select "Yes" or "No" from dropdown list)	Head of Household Education Level at COP End Date (Select from dropdown list)	CoP Terminated (Select "Yes" or "No" from dropdown list)	Date CoP Terminated	Primary Reason for Exit (Select from dropdown list)	Escrow Total Remitted to HUD	Voucher Month/Year Escrow Remitted to HUD	Escrow Account Total	Escrow Accrued October Voucher Month:	Escrow Accrued November Voucher Month:	Escrow Accrued December Voucher Month:	Escrow Accrued January Voucher Month:	Escrow Accrued February Voucher Month:		Escrow Accrued April Voucher Month:	Escrow Accrued June Voucher Month:	
			1															

Escrow Accrued August oucher Month:	Escrow Accrued September Voucher Month:	Comments