



HOOPA VALLEY TRIBAL TANF PROGRAM
 PO Box 728, Hoopa, California 95546
 530-625-4816 phone/530-625-4826 fax



Self Sufficiency Plan Monthly Report

Date: _____

CIF#: _____

Name: _____

1. What goals has the client worked on this month?

2. How did the client work on this goal; what activities were accomplished?

3. Does the client want to make any additions/deletions/edits to their current SSP?

4. Are there any additional services that HVTTP can assist the family in reaching their goals?

If changes are requested please update TAS immediately.

 Staff Name