



385 Center Street, Chardon, OH 44024

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**Family Self-Sufficiency Program
 Application**

Unit Address: _____

Contact Phone #: _____

Email address: _____

<p>For Office Use Only:</p> <p>Date Received: _____</p> <p>Time Received: _____</p>

Please list all household members:

Name (First & Last)	Relationship	F/M	Birthdate	Age

A short-term goal I have is: _____

A long-term goal I have is: _____

Are you currently participating in an FSS Program with another agency? Yes No

In the past, have you participated in or completed an FSS Program with another agency?

Yes No If yes, please list where and when _____

Did you successfully complete the program? Yes No

I understand that in order to gain more information on the Family Self-Sufficiency (FSS) Program, I will be required to attend an orientation meeting to decide if this program will work for me.

 Signature of Head of Household

 Date