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# ROSS Participant Action Plan

**Resident Name: (First)** \_\_\_\_\_ **(Last)** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Barrier Narrative:**

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Phone: 325-676-6032

Fax: 325-738-8091

Relay Services: 711 or 1-800-RelayTX

Website: [www.abileneha.org](http://www.abileneha.org)

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Equal Opportunity Employer / Equal Housing Opportunities



If you or anyone in your household is a person with disabilities and would like to request the opportunity for consideration of a reasonable accommodation relating to this notice, please contact our office immediately at 325-676-6032 or by mailing a written request to 4398 N. 7<sup>th</sup> St. Abilene, Texas 79603.

**Barrier 1:**

**Action 1:**

**Action 2:**

**Action 3:**

**Barrier 2:**

**Action 1:**

**Action 2:**

**Action 3:**

**Barrier 3:**

**Action 1:**

**Action 2:**

**Action 3:**

**Barrier 4:**

**Action 1:**

**Action 2:**

**Action 3:**

**Barrier 5:**

**Action 1:**

**Action 2:**

**Action 3:**



# Goal Timeline

## Goal 1 Completion Date:

**Milestone 1:**

**Milestone 2:**

**Milestone 3:**

## Goal 2 Completion Date:

**Milestone 1:**

**Milestone 2:**

**Milestone 3:**

## Goal 3 Completion Date:

**Milestone 1:**

**Milestone 2:**

**Milestone 3:**

## Goal 4 Completion Date:

**Milestone 1:**

**Milestone 2:**

**Milestone 3:**

## Goal 4 Completion Date:

**Milestone 1:**

**Milestone 2:**

**Milestone 3:**

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# Resident Contract

I \_\_\_\_\_ hereby certify that the goals that I have set in the above document were created with the assistance of the ROSS Coordinator. I affirm that I will work toward meeting these goals to the best of my abilities and will follow the timeline that has been set in this document. I acknowledge that these goals are attainable and that failure to meet said goals are a result of my own actions.

Resident Signature: \_\_\_\_\_ Date: \_\_\_\_\_

ROSS Signature: \_\_\_\_\_ Date: \_\_\_\_\_

