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# ROSS Contact Form

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

**DOB:** \_\_\_\_\_

**Site (circle one):**      **Earl Williams**      **Vogel**      **Riviera**      **Deegan**

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

**Phone: (Work)** \_\_\_\_\_ **(Cell)** \_\_\_\_\_

**Email:** \_\_\_\_\_

**I would like to receive regular communication via email:**      \_\_\_\_\_ **Y**      \_\_\_\_\_ **N**

I \_\_\_\_\_ hereby authorize the ROSS Coordinator to receive and store my contact information for the purposes of contacting me. I understand that my information may be shared with community partners that I choose to receive services from. I affirm that all information that I have provided above is correct.

**Signed:** \_\_\_\_\_

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

**ROSS:** \_\_\_\_\_

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

