

ROSS PROGRAM STATEMENT OF COMMITMENT

STATEMENT OF COMMITMENT

By signing this document I affirm that I am a willing participant in the Resident Opportunity and Self-Sufficiency Program. I agree to work to achieve whatever goals I set with the ROSS Service Coordinator to the best of my abilities. I agree that whenever I receive a referral from the ROSS Service Coordinator that I will attempt to use it unless extenuating circumstances prohibit me from doing so. Furthermore, I agree that once I utilize a service from a referral that I will return the referral form in a timely manner to the ROSS Service Coordinator. I agree to bring any and all documentation that the ROSS Coordinator asks of me to the office in a timely manner. I understand that failure to do these things will inhibit my ability to become self-sufficient and will negatively affect the program as a whole.

Resident Signature	Date	
ROSS Coordinator Signature	Date	

Phone: 325-676-6032 Fax: 325-738-8091 Relay Services: 711 or 1-800-RelayTX Website: www.abileneha.org

