



**PORTAGE COUNTY FAMILY SUPPORTS SERVICES PROGRAM
ANNUAL FAMILY TAXABLE INCOME & WAIVER of PROVIDER TRAINING**

Family Income Information

The Ohio Administrative Code requires that families enrolling in the Family Support Services Program provide the total taxable income for their household for the previous year.

Please complete **Section A** if you or someone in your household filed income tax last year. If no one in your household filed income tax last year, complete **Section B**.

Section A:

I hereby certify that the total taxable income for my household was \$_____.

Section B: Tax Exempt Filers

_____ No taxable income was earned in my household.

Waiver for Provider Training for Family Selected Providers

The Ohio Administrative Code states that families can select their own providers. Family selected providers can be relatives or friends and do not require any training.

I understand that by signing this waiver, the family assumes that all health and safety needs of the individual will be met by the **Family Selected Provider**. I also understand that I assume all responsibility for liabilities for injuries resulting from a violation in health and safety, while my family member is in the care of the **Family Selected Provider**.

Parent/Guardian Full Name: _____
(PLEASE PRINT)

Parent/Guardian Address: _____
Street City Zip

Parent/Guardian Phone Number: _____

Parent/Guardian Email Address: _____
(PLEASE PRINT)

Client Name(s): _____
(PLEASE PRINT)

Provider Name(s): _____
(PLEASE PRINT)

Parent/Guardian Signature: _____ Date: _____

Witness Signature: _____ Date: _____

I have received the MUI brochure and given copies to the providers listed above.

Remit To:

Email to: PortageFSS@neoncog.org
Or mail to: North East Ohio Network (NEON)
Attn: Portage FSSP
721 Boardman-Poland Rd., Suite 103
Boardman, Ohio 44512
Ph: 800-237-6828 Fax: 330-793-8284