

**Ashtabula County Board of DD  
Community Support Services**  
500 West Main Street  
Geneva, OH 44041  
Phone: (440) 466-7110 Fax: (440) 466-7047

***FAMILY TAXABLE INCOME FORM***

Thank you for providing this information. This confidential information is required by the State of Ohio for the Family Support Services Program. This information must be updated annually.

Client's Name: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

***Section A – For Individuals who filed Income Tax forms for 2011***

The total amount of the taxable income for the household was \_\_\_\_\_ (see taxable income line on your income tax form). Please list total taxable income if you are married and filed separately.

***Section B- For non-tax filers***

\_\_\_\_\_ Check this space if an income tax form was not filed for the previous year or the income for your household was non-taxable.

*Your family may have a co-pay for services depending on the annual taxable income for your household. Please refer to the Family Support Services brochure for more information.*

**I hereby certify that the full taxable income for the household has been reported for continued eligibility for the Family Support Services Program.**

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

County: Ashtabula