**SUCCESS STORY FORM**

Share your success with us below in a statement or in a story.

Success Statement

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( ) I authorize Community Options, Inc. to display my testimonial to share my success statement and help others learn more about the benefits of Community Options, Inc.

Success Story

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| What was your success? |
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| How did you achieve that success? |
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| How is this success assisting your family to becoming more self-sufficient? |
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| Did Community Options assist you in reaching this accomplishment? |
| If yes, how? |
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Name:

Date: