SUBMITTED: 10/04/2017 2:18 PM

Note: Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 10/4/2017 Today's Date: 10/4/2017

Agency: Ohio Dept. of Aging Rule Number(s): 173-2-04

If no comments at the hearing, please check the box. \boxtimes

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

- 1. Click here to enter text.
- 2. Click here to enter text.
- **3.** Click here to enter text.
- 4. Click here to enter text.
- 5. Click here to enter text.
- 6. Click here to enter text.
- 7. Click here to enter text.
- **8.** Click here to enter text.
- 9. Click here to enter text.
- 10. Click here to enter text.
- 11. Click here to enter text.
- **12.** Click here to enter text.
- 13. Click here to enter text.
- 14. Click here to enter text.
- 15. Click here to enter text.
- 16. Click here to enter text.

HSR p(179399) d: (693710) print date: 05/03/2024 11:07 PM

Hearing Summary Report

Consolidated Summary of Comments Received

Please review all comments received and complete a consolidated summary par	ragraph of the
comments and indicate the rule number(s).	

С	lick here to enter text.			

Hearing Summary Report

Incorporated Comments into Rule(s)

Indicate how comments received during the hearing process were incorporated into the rule(s). If no comments were incorporated, explain why not.

Click here to enter text.			