

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

Hearing Date: 11/28/2017

Today's Date: 11/29/2017

Agency: Ohio Department of Mental Health and Addiction Services

Rule Number(s): 5122:2-1-02, 5122:2-1-3, and 5122:2-1-05

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If no comments at the hearing, please check the box. ☒

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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.
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## Hearing Summary Report

### **Consolidated Summary of Comments Received**

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

Click 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.