σ Sumr	nary	Report
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**Note:** Email completed form to jcarr1@jcarr.state.oh.us.

Hearing Date: 2/13/2018

Today's Date: 2/13/2018 Agency: Assisted Living Program (State-Funded Component)

Rule Number(s): 173-9-03, 173-9-03.1, 173-9-10, 173-14-14

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

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.
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- 12. Click here to enter text.
- 13. Click here to enter text.
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- 15. Click here to enter text.
- 16. Click here to enter text.

## 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.

## 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.