#### Hearing Summary Report Hearing Summary Report

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

Hearing Date: 3/9/2018 Today's Date: 3/9/2018

Agency: Ohio Department of Aging

Rule Number(s): 173-14-01, 173-14-02, 173-14-03, 173-14-04, 173-14-05, 173-14-06, 173-14-07, 173-14-08, 173-14-09, 173-14-10, 173-14-11, 173-14-12, 173-14-13, 173-14-15, 173-14-16, 173-14-17, 173-14-18, 173-14-18, 173-14-19, 173-14-20 (new), 173-14-21, 173-14-22, 173-14-23, 173-14-24, 173-14-25, 173-14-26, 173-14-27, 173-14-29 (new)

\_\_\_\_\_

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(181120) d: (706492) print date: 04/28/2024 9:11 AM

# **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.			