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

Hearing Date: 4/4/2018 Today's Date: 4/4/2018

Agency: Ohio Dept. of Aging

Rule Number(s): 173-3-04, 173-3-05, 173-3-06, 173-3-07

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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HSR p(180821) d: (708214) print date: 04/23/2024 10:08 PM

## **Hearing Summary Report**

## **Consolidated Summary of Comments Received**

Please review all comments received and complete a consolidated summary parag	raph 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.			