<ul> <li>Hearing Summary I</li> </ul>	Report
Hearing Summary	Report

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

Hearing Date: 5/29/2018

Today's Date: 5/30/2018

Agency: Department of Mental Health and Addiction Services

Rule Number(s): 5122-2-01, 5122-2-10, 5122-3-09

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.
- 5. Click here to enter text.
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- 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.

## 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.