

**Note:** Upload completed document to the Electronic Rule Filing System.

Hearing Date: **04/23/2024**

Today's Date: **04/23/2024**

Agency: **Ohio Department of Aging**

Rule Number(s): **173-50-01, 173-50-03**

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

List organizations or individuals giving or submitting testimony before, during or after the public hearing and indicate the rule number(s) in question.

**In-Person Comments:**

Individual(s)/Organization(s)	Rule	Comments

**Written Comments:**

Individual(s)/Organization(s)	Rule	Comments

**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).

**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.

Comment Received	Rule	How Incorporated