15. Click here to enter text.

**16.** Click here to enter text.

SUBMITTED: 06/08/2018 2:30 PM

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

Hearing Date: 6/7/2018 Today's Date: 6/8/2018 Agency: Ohio Dept. of Aging Rule Number(s): Chapter 173-43 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. 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.

HSR p(180820) d: (711768) print date: 10/20/2025 5:30 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.			