SUBMITTED: 11/30/2020 12:05 PM

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Hearing Date: 11/30/2020 Today's Date: 11/30/2020

Agency: Ohio Department of Aging

Rule Number(s): 173-39-01, 173-39-02.1, 173-39-02.4, 173-39-02.7, 173-39-02.8, 173-39-02.10, 173-39-02.11,

173-39-03, 173-39-03.2, 173-39-03.3, and 173-39-03.4

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.
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## **Hearing Summary Report**

## **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.

## **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.