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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