Promoting wellness and recovery

John R. Kasich, Governor • Tracy J. Plouck, Director • 30 E. Broad St. • Columbus, OH 43215 • (614) 466-2596 • mha.ohio.gov

Registration Form

Please submit one registration form for each attendee.

Please select the training(s) that you would like to register.

Building Recovery Supports for Housing Providers (Select One)	
☐ Akron 1/11/2016	☐ Columbus 1/25/2016
☐ Cleveland 2/9/2016	☐ Toledo 2/18/2016
☐ Dayton 3/3/2016	☐ Cincinnati 3/15/2016
☐ Akron 4/12/2016	☐ Canton 4/19/2016
☐ Cleveland 5/3/2016	☐ Dayton 5/5/2016
☐ Columbus 6/14/2016	☐ Toledo 6/16/2016
☐ Cincinnati 7/19/2016	☐ Athens 7/21/2016

Quarterly ACF Resource Meeting (Select One or Both)	
☐ Columbus 12/16/2015	☐ Columbus 4/28/2016

Bridges Out of Poverty	
☐ Akron 3/21/2016	☐ Cleveland 3/22/2016
☐ Toledo 3/23/2016	☐ Columbus 3/24/2016
☐ Cincinnati 3/25/2016	

Housing Showcase
☐ Columbus 4/5/2016

Attendee Information: (Please Print Clearly)

Name (First Name_Last Name)			**Job Title**		
Company / Organization / Licensed ACF/AFoH Name					
Work Address (Street, City, Zip Code)					
County		**Work Phone**		**E-Mail Address**	

If you are an ACF/AFoH Operator or Owner, please complete the following section: (Please Print Clearly)

How many facilities do you operate/own?		
How many foster, family and/or group home do you have?	Foster Home (1 - 2 residents)	
	Family Home (3 - 5 residents)	
	Group Home (6 - 16 residents)	
How many beds (total beds) are you licensed for?		
How many beds (total beds) are filled?		
How many residents have mental health or substance use disorders?		
How many residents are seniors (above age 65)?		

Please submit the registration form to K. Betts at OhioMHAS.
reservations@mha.ohio.gov or sent via fax at 614-485-9738 or US mail to
30 East Broad Street, 36th Floor, Columbus, OH 43215