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

RSS Quality Payment Application Form

Please complete information below to receive the RSS Quality Payment.	OAKS Vendor #: (i.e., 0000299777) 0 0 0 0 _ _ _ _ _ _

ACF or AFoH Information

You may submit one form per fiscal year.

ACF/AFoH Name	Operator Name	ACF/AFoH Address

License Type	Facility License #	Facility Contact #	Facility Contact Email	ACF/AFoH County
◯ Foster Home (1 - 2) ◯ Family Home (3 - 5) ◯ Group Home (6 - 16)	(i.e., 09-3377)			

NOTE: For ***New*** RSS Quality Payment recipient(s): If the payment mailing address submitted to Ohio Shared Services (OSS) to obtain your OAKS Vendor ID # is different than the facility address noted above, please indicate below the address you would like your check to go to (this address **must** match the address you stated on OSS **Vendor Information Form, Section 3 - "Remit To Address Required"** even if you are requesting a EFT (Direct Deposit Payment) - (**"new"** means you do not have a vendor #). You may use the same vendor # if you participated in the ACF/AFoH Incentive Program.

Street Address: City: Zip Code:

By voluntarily signing this form, I hereby declare, certify and affirm that the information I have provided on this application, including all attachments and supporting documentation, is true and accurate to the best of my knowledge and belief. I further affirm that this agreement is voluntary and is entered into in good faith; therefore, any misleading or fraudulent activities will forfeit my ability to receive additional funding.

X _____ X _____

PRINT - ACF/AFoH Home Authorized Name - PRINT **ACF/AFoH Home Authorized (Signature)** **Date**

This form may be emailed to OhioMHAS's Housing Policy and Resource Administrator at RSS@mha.ohio.gov or sent via fax at 614-485-9747.