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

State Fiscal Year 2015 - 2016
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.

NOTE: Payment is issued by the Office of Budget and Management, Ohio Shared Services (OSS). You must register with OSS and receive an OAKS Vendor Number in order to receive payment. Applications that do not have the OAKS Vendor Number will not be processed. More information can be found at **http://www.ohiosharedservices.ohio.gov/SuppliersForms.aspx**.

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) ◯ Assisted Living (by ODH) (17+)	(i.e., 09-3377)			

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 Community Transitions Program Administrator at RSS@mha.ohio.gov or sent via fax at 614-485-9747 or US mail to Theresa Rohrbaugh, c/o OhioMHAS, 30 East Broad Street, 36th Floor, Columbus, OH 43215