



**Residential State Supplement (RSS)**  
**Living Arrangement Form**  
*for Quarter 4*  
*April 2021 to June 2021*



Please complete one Residential State Supplement (RSS) Living Arrangement Form for each licensed facility. This information will be requested each quarter of the State Fiscal Year in order to confirm living arrangements for individuals enrolled in RSS and must be completed to be considered an RSS-eligible living arrangement per *Ohio Administrative Code 5122-36-04*. The information provided below should be as of April 1, 2021.

**The deadline to return this form is May 1, 2021.**

<b>Residential Facility Name</b>	<b>Operator Name</b>	<b>Residential Facility Address</b>	<b>Residential Facility County</b>
<b>Facility License #</b>	<b># of Licensed Beds</b>	<b>Operator Contact Phone</b> <i>(include area code)</i>	<b>Operator Contact Email</b>

Table 1: According to OhioMHAS records, the following individuals are enrolled in the RSS Program and reside at the living arrangement listed above as of April 1, 2021. *Please confirm whether the information is correct by selecting Current Resident or No Longer a Resident.*

<b>Individual's Name</b>	<b>Current Resident</b> (as of April 1, 2021)	<b>No Longer a Resident</b>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>

**(Please Continue on the Back Side.)**

Licensed Residential Facility Name:

Facility License #:

Table 2: Please provide information below only for individuals enrolled in RSS and residing at the living arrangement as of April 1, 2021 *who were not listed in Table 1*. Include additional pages as needed.

Individual's Name	Current Resident (as of April 1, 2021)	Move-In Date to Living Arrangement
	<input type="checkbox"/>	
	<input type="checkbox"/>	
	<input type="checkbox"/>	

Table 3: Please provide information here only for individuals who were *no longer residents* of the living arrangement as of April 1, 2021. Include additional pages as needed.

Individual's Name	Move-Out Date	New Address (if known)

**RSS Living Arrangement Form Mailing Address**

Street Address	City	Zip Code

*By voluntarily signing this form, I hereby declare, certify and affirm that the information I have provided, including all attachments and supporting documentation, is true and accurate to the best of my knowledge and belief. Any misleading or fraudulent activities will forfeit my facility's ability to be considered an eligible living arrangement for the Residential State Supplement (RSS) Program.*

\_\_\_\_\_  
**Operator Printed Name**

\_\_\_\_\_  
**Operator Signature**

\_\_\_\_\_  
**Date**

Please return the RSS Living Arrangement Form to Community Transitions  
via encrypted email to **RSSverify@mha.ohio.gov**,  
fax 614-485-9747,  
**The deadline to return this form is May 1, 2021.**