

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 July 1, 2021 *who were not listed in Table 1*. Include additional pages as needed.

Individual's Name	Current Resident (as of July 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 July 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 August 1, 2021.