



RSS Quality Payment Application Form

Please complete information below to receive the RSS Quality Payment.	OAKS Vendor #: (i.e., 0000299777) <div style="font-size: 24pt; text-align: center; margin-top: 5px;"> <u>0</u> <u>0</u> <u>0</u> <u>0</u> _____ </div>
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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://ohiosharedservices.ohio.gov/VendorsForms.aspx>.

ACF/AFoH Name		Operator Name		ACF/AFoH Address	
License Type	Facility License #	Facility Contact #	Facility Contact Email	ACF/AFoH County	
<input type="radio"/> Foster Home (1 - 2) <input type="radio"/> Family Home (3 - 5) <input type="radio"/> Group Home (6 - 16) <input type="radio"/> Assisted Living (by ODH) (17+)	(i.e., <u>09-3377</u>)				

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 _____
PRINT - ACF/AFoH Home Authorized Name - PRINT

X _____
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.