



RSS Quality Payment Application Form

Please complete information below to receive the RSS Quality Payment.	OAKS Vendor #: (i.e., 0000299777) <div style="font-size: 24px; 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.

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>)			

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.

<p style="color: red; font-weight: bold; font-size: 24px; margin: 0;">X</p> <p style="border-top: 1px solid black; margin: 0;">PRINT - ACF/AFoH Home Authorized Name - PRINT</p>	<p style="color: red; font-weight: bold; font-size: 24px; margin: 0;">X</p> <p style="border-top: 1px solid black; margin: 0;">ACF/AFoH Home Authorized (Signature) Date</p>
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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.