

Ohio Department of Health
Resident's Rights Advocate Registration
 Section 3701.07 (B), Ohio Revised Code

Note: Only governmental entities and private non-profit corporations or non-profit associations may register.

PLEASE TYPE OR PRINT

1. Entity type

- (a) Non-profit corporation (b) Non-profit association (c) State government (d) County government
- (e) City government (f) Health district (g) Other *list* _____ (h)

2. Registrant

Name of entity (a)		
Headquarters street address (b)		City (c)
ZIP (d)	County (e)	Telephone (f) ()

3. List names of individuals in registrant headquarters for public to contact

Name (a)	Title (b)	Telephone (c) ()
Name (d)	Title (e)	Telephone (f) ()

4. Attestation

By affixing my signature immediately below, I acknowledge awareness of the provisions of the Revised Code which provide that knowingly making a false statement when the statement is in writing on or in connection with a report or return which is required or authorized by law is a misdemeanor of the first degree (Section 2.13[A][7] of the Revised Code) and punishable by a fine of not more than \$1,000 and imprisonment of not more than six months or both, Section 2929.21 of the Revised Code.

I swear or affirm that the information provided herein, and any attachments hereto, have been prepared or carefully reviewed by me and constitute a truthful and correct disclosure of all information therein and, if the above named registrant is a non-profit corporation or non-profit association, that the purposes of such corporation or association include educating and counseling residents, assisting residents in resolving problems and complaints concerning their care and treatment, and assisting them in securing adequate services to meet their needs.

Date (a)	Name of Undersigned (b)	Title (c)
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File with:

Ohio Department of Health
 DQA/BIOS, Licensure Program
 246 North High Street
 P.O. Box 118
 Columbus, Ohio 43216-0118

Signature

5. I hereby certify the above has registered as a Residents' Rights Advocate with the Ohio Department of Health as authorized by

section 3701.07 (B), Ohio Revised Code, on this _____ day of _____, 20_____.