

## Designation of Medicaid Matching Funds

Date \_\_\_\_\_

**County Board** \_\_\_\_\_

**Payment Period:** 1<sup>st</sup> Due June 3   
 2<sup>nd</sup> Due December 3

**Funds Pledged**

Funding Source	Amount	Waiver Type **
322-501, County Board Operating Subsidy <input type="checkbox"/>		
322-501, Tax Equity <input type="checkbox"/>		
322-413, Supported Living Subsidy <input type="checkbox"/>		
322-451, Family Resource and Support Services Subsidy <input type="checkbox"/>		
* Local Levy Funds <input type="checkbox"/>		
* Earned Federal Revenue <input type="checkbox"/>		
* Other Public Funds <input type="checkbox"/>		

\* Local Levy , Earned Federal Revenue and Other pledges must be accompanied by check payable to the **“Treasurer, State of Ohio”** at the time of submission. All other pledges will be withheld from the designated subsidy at the time of release of the consolidated payment.

\*\* Waiver Type should indicate the type(s) of waiver(s) to which the match funds should be applied, (i.e. IO, RFW, Level I). If funds to be applied to multiple waiver types, indicate what amount of the funds designated in the “Amount” column are to be applied to each waiver type. Example: If the “Amount” column has \$100 designated of CB operating subsidy, you could designate \$50 for IO waivers and \$50 for Level 1 waivers by putting the following in the “Waiver Type” column: IO- \$50, Level I - \$50.

\_\_\_\_\_  
 Authorized Signature

\_\_\_\_\_  
 Date