

INDIVIDUAL SAMPLE KEY

Date of Review:	County:	Reviewer(s) Name:
Provider/Facility Name:		Provider/Facility #

THIS KEY IS CONFIDENTIAL AND NOT SUBJECT TO PUBLIC RECORDS REQUESTS PURSUANT TO OHIO REVISED CODE 5123.62(T); 5123.89 AND 5126.044(B)

Individual's Reference # for Report	SAMPLE INDIVIDUAL NAME	WAIVER RECIPIENT Y/N (Type: IO/Level One/TDD/SELF)
1		
2		

In order to protect the privacy of individuals, this document is being provided:

- 1. To identify individuals for which we are requesting information**
- 2. As a “Reference Table” to be used by county boards and/or providers to reference individuals when receiving reports**