MEMORANDUM OF AGREEMENT

Between

The Mental Health & Recovery Services Board of Lucas County (MHRSB)

And

Legal Name of Operator/Company

Regarding Provision of COVID-19 Pandemic Relief From

March 18, 2020 until May 31, 2020

WHEREAS: The Mental Health & Recovery Services Board has an interest in ensuring that the Class 2 and 3 Residential Care Facilities receive financial support to address resident needs during the COVID-19 pandemic;

THE MENTAL HEALTH & RECOVERY SERVICES BOARD WILL:

- 1. Provide financial support to Class 2 and 3 OhioMHAS licensed Residential Care Facility Operators to address the needs of their facility's residents related to the COVID-19 pandemic.
- 2. Provide \$625 in financial support for each facility operated whose maximum capacity as identified on their OhioMHAS License is less than 9.
- 3. Provide \$1,250 in financial support for each facility operated whose maximum capacity as identified on their OhioMHAS License is 9 or more, up to 16.
- 4. Agrees that Operators who operate more than one facility will receive funds for each facility.
- 5. Agrees to limit the use of information received to only those efforts consistent with its Ohio Revised Code Statutory responsibilities.

THE RESIDENTIAL CARE FACILITY OPERATOR:

- 1. Will only use funds for COVID-19 related expenses.
- 2. Will provide a list of current residents residing in each facility as of March 18, 2020 including the resident's social security number and the ADAMH Board designated county of residence.
- 3. Agrees not to discharge existing residents when it will result in homelessness.
- 4. Will provide the following contact information:

Legal Business Name:		
Name of Operator (if different):		
Tax Identification Number:		
Address:		
Phone:	Email:	
AGREED TO AND SIGNED BY:		
Scott A. Sylak, Executive Director (Date) Mental Health & Recovery Services Board		Residential Care Facility Operator (Date)

FY2020 MOA – COVID-19 ACF Operators

For Each Facility Operated Provide the Following (duplicate as necessary):

Name of Facility:			
Address:			
Phone for Facility:			
Name of Facility Manager:			
Phone for Facility Manager:			
Email for Facility Manager:			
Name of Resident	SS#	Coun	ty of Residence

For Each Facility Operated Provide the Following (duplicate as necessary):

Name of Facility:		
Address:		
Phone for Facility:		
Name of Facility Manager:		
Phone for Facility Manager:		
Email for Facility Manager:		
Name of Resident	SS#	County of Residence
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For Each Facility Operated Provide the Following (duplicate as necessary):

Name of Facility:		
Address:		
Phone for Facility:		
Name of Facility Manager:		
Phone for Facility Manager:		
Email for Facility Manager:		
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Name of Resident	SS#	County of Residence