



COA/PSA-1 Contract Renewal Notice for PASSPORT Agencies & Assisted Living Waiver Facilities

Legal Name:

Doing Business As (DBA) Name:

Business Address:

Business Main Contact Phone:

Authorized Contract Signatory:

Name –

Title –

Email Address –

Administrator (or Other Staff) needing a copy of the fully executed Agreement:

Name -

Email Address -

By signing and submitting this form it is understood that the business referenced above agrees to maintain the requirements of the PASSPORT or Assisted Living Waiver program, and that my company wishes to continue as a contracted and certified provider with the Council on Aging (COA) and the Ohio Department of Aging (ODA).

Printed Name _____

Title _____

Signature _____ Date _____