

**Request for Competitive Proposals**  
**Richland County Job and Family Services**  
**Transportation Services**

**Issue Date: Monday, July 30, 2018**

**Closing Date: 10:00 a.m., Monday, September 10, 2018**

**Contact Person:**

**Carmen L. Torrence**  
**Richland County Job and Family Services**  
**171 Park Avenue East**  
**Mansfield, Ohio 44903**  
**(419) 774-5313**  
**Carmen.Torrence@jfs.ohio.gov**

**Richland County Request for Competitive Proposals and Timeline  
Transportation Services October 2018 – September 2019**

<b>Activity</b>	<b>Date</b>
Release of Request for Competitive Proposals for Transportation Services	8:00 a.m., Monday, July 30, 2018
Letter of Intent to Apply Due	Friday, August 17, 2018
Last Date for Submission of Written Questions on Request for Proposals	4:00 p.m., Wednesday, August 22, 2018
Last Date for RCJFS to Respond, in Writing, to Written Questions on Request for Proposals	Monday, August 27, 2018
Due Date for Proposal Submission	10:00 a.m., Monday, September 10, 2018
Successful Applicant Notification	Friday, September 14, 2018
Negotiations Complete/ All Signatures Acquired	Thursday, September 20, 2018
Transportation Services Contract to begin	Monday, October 1, 2018

***I. Background***

Whereas Richland County Job and Family Services (hereafter referred to as RCJFS), is seeking proposals to provide door to door transportation services to clientele of this agency. This may be for in county and out of county trips, for a variety of eligible reasons. Eligibility of clientele and trips will be determined by the RCJFS.

RCJFS is hereby issuing a formal invitation to all qualified vendors to submit proposals for door to door transportation services. Proposals are being solicited for transportation services for the period October 1, 2018 through September 30, 2019. RCJFS reserves the right to renew the contract for the period of October 1, 2019 through September 30, 2020, at the same cost and terms and conditions, based on funding availability and performance.

***The closing date for Proposals is 10:00 a.m., Monday, September 10, 2018. Proposals must be received by the closing date and time, at Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio 44902, Attention: Carmen L. Torrence.***

The following attachments specify all components and expectations of this Request for Proposals:

- Request for Competitive Proposal
- Attachment A: Service Provider Rate Schedule
- Attachment B: Cover Page requirements for Proposals
- Attachment C: Checklist for Proposals
- Attachment D: Competitive Proposal Affidavit
- Attachment E: Representations, Assurances, and Certifications
- Attachment F: Definitions
- Attachment G: Violations
- Attachment H: Direct-Service PTV Employee

## ***II. Objective***

The objective of the Transportation contract is to provide eligible residents of Richland County with transportation to and from medically necessary appointments.

## ***III. Scope of Work and Deliverables***

Within the scope of the Proposal, the bidder will address the items listed below:

- A. Description of services to be provided (i.e. handicap accessibility, service level volume/capacity, door-to-door service, etc.).
- B. Provision of services to only those individuals authorized by RCJFS (verification of eligibility).
- C. Specification of any restrictions on trips, including geographic, times/days of the week, age limits, policy on personal assistance, etc.
- D. Describe the process for scheduling, making referrals for transportation services.
- E. Provide monthly itemized invoices, including client names, trip origination and destination points, number of miles, dates/times, actual cost per trip/mile, and invoiced cost per trip/mile.

## ***IV. Service Provider Rate Requirements***

Bidder will complete and submit a rate schedule that will be used for the Transportation program, using the attached format (Attachment A), or a pre-approved equivalent format that details all the rate information identified in Attachment A, and allows for an equitable comparison across proposals.

**V. *Proposal Guidelines***

- A. Proposals must clearly address each of the requested deliverables outlined under Scope of Work and Deliverables.
- B. Proposals providing one or more elements of this Request for Proposals, through partnership or contract, require a complete description of coordinated services, including:
- Name and contact information of collaborating agency(ies)
  - Description of what customer services will be provided by each partner
  - How costs of services and operating costs of the partnerships will be funded
  - Method of referral between partners.

The Provider will be responsible for performance of any sub-contracted activities, including proper procurement, provision of information for audit, performance levels, and quality of work provided. RCJFS reserves the right to verify all information described in proposal and agreement with referenced parties.

- C. Failure to clearly address how the bidder will meet each of the *Objectives, Scope of Work and Deliverables, and Rate Requirements*, directly or through specified sub-contract, may result in immediate dismissal of consideration.
- D. The contract will run from **October 1, 2018** through **September 30, 2019**. RCJFS reserves the right to renew the contract for the period **October 1, 2019** through **September 30, 2020** at the same cost and terms and conditions, based on funding availability and performance.
- E. Any applicant who plans to submit a response to this RFP is required to submit a letter of intent by **Friday, August 17, 2018**. RCJFS will notify all potential applicants of any changes in this solicitation only if a letter of intent is on file. The letter of intent should not exceed one typed page and must state:
- Organization's name
  - Mailing address and email address
  - Telephone number
  - Statement of intent to apply to provide services as described in RFP

Letters of Intent must be sent to Carmen L. Torrence, Richland County Job and Family Services, 171 Park Avenue East, Mansfield, Ohio 44902 or by email [Carmen.Torrence@jfs.ohio.gov](mailto:Carmen.Torrence@jfs.ohio.gov).

- F. Written questions on this RFP may be faxed or e-mailed to Carmen L. Torrence no later than **Wednesday, August 22, 2018**. Fax number is (419) 522-4375, E-Mail is [Carmen.Torrence@jfs.ohio.gov](mailto:Carmen.Torrence@jfs.ohio.gov). Answers will be provided to all bidders submitting a letter of intent no later than **Monday, August 27, 2018**.
- G. At the discretion of RCJFS, if it becomes necessary to revise any part of this RFP, an addendum will be provided to all applicants who have submitted letters of intent to apply. All requested clarifications will become an addendum.
- H. RCJFS reserves the right to cancel all or any part of this RFP at any time without prior notice. Additionally, RCJFS reserves the right to modify the proposal process and timeline as deemed necessary.
- I. If an applicant has an issue with the rating decision, the applicant should first address the issue with the RCJFS Assistant Director in writing. The RCJFS Assistant Director has two weeks to provide a written response. If the applicant does not agree with the decision, the applicant must provide a written response to the RCJFS Director within 2 weeks. The RCJFS Director will review the information and provide a written response within 4 weeks.
- J. Ohio Administrative Code [5160-15-14 Transportation: non-emergency services through a CDJFS: program integrity provisions](#), effective January 1, 2018, requires Private Transportation Vendors (PTV) (e.g. individual person, for-profit company, not-for-profit organization), seeking to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients and is not a government agency, transit authority, public transportation system, or other quasigovernment organization to meet the following conditions:
1. Each PTV owner/manager having an ownership or control interest in the PTV, as defined in [42 C.F.R. 455.101 \(October 1, 2016\)](#) must meet the disclosure requirements set forth in [42 C.F.R. 455, Subpart B \(October 1, 2016\)](#).
  2. Each PTV owner/manager must identify all related enterprises, defined as all other business in which the PTV owner/manager has an ownership or control interest and with respect to those businesses the PTV owner/manager also must meet the disclosure requirements set forth in [42 C.F.R. 455.101 \(October 1, 2016\)](#).

3. Each PTV must disclose the following information for the PTV, each PTV owner/manager, and any related enterprise:
  - a. Name;
  - b. Medicaid provider name if applicable;
  - c. Physical address;
  - d. Mailing address if different;
  - e. Tax identification number;
  - f. Medicaid provider number if applicable; and
  - g. National provider identifier (NPI) if applicable.
4. Whenever a contract between the CDJFS and the PTV is established or renewed and whenever the PTV is considering an applicant for a position as a direct-service employee, which is a PTV employee who provides direct services to Medicaid recipients (e.g. drivers), the following actions must be taken:
  - a. A criminal background check is performed in accordance with [section 109.572 of the Revised code](#) on each direct-service employee or applicant. The result of the criminal background check must substantiate that no direct-service PYV employee or applicant on whom the criminal background check was performed has ever been convicted of or pleaded guilty to an offense listed in division (A)(3)(a) to (A)(3)(e) of section [109.572](#) of the Revised Code.
  - b. The CDJFS performs a search of the databases listed in rule [5160-43-09 of the Administrative Code](#) for the PTV, each PTV owner/manager, and each direct-service PTV employee or each applicant. The results of the search must substantiate that none of the entities for which the search was performed is currently listed in any of the databases as sanctioned or excluded.

**VI. *Completing and Submitting Proposals***

1. Proposal Costs. Vendors are responsible for any and all costs related to preparing and submitting proposals for this Request.
2. Closing Date for Proposals. The closing date and time for receipt of proposals is **10:00 a.m., Monday, September 10, 2018.** Any proposal not received by Richland County Job and Family Services by the time and date, will not be considered.
3. Number of Copies. A bidder interested in submitting a proposal must submit ONE original and TWO hard copies in the format described below. All proposal materials must be submitted in one sealed package.
4. Proposal Format. Proposals must be typewritten (no smaller than 12 pt. font), single spaced, and single sided, on standard 8 1/2 X 11 inch plain white paper.
5. Submission of Proposals. Proposals must be submitted in a sealed package. The bidder submitting the proposal assumes full responsibility for the selection of method of delivery for the proposal package. All proposals will be marked with the date and time of receipt. A receipt of delivery will be provided to the bidder submitting the proposal, only upon request. Proposals shall be accepted unconditionally, and without alteration or correction. Withdrawals of proposals, before the closing date and time, are permitted upon written request to the address below. **All proposals must be received on or before 10:00 a.m., Monday, September 10, 2018, and addressed to:**

**Richland County Job and Family Services  
171 Park Avenue East  
Mansfield, Ohio 44902  
Attention: Carmen L. Torrence**

All information contained in the selected proposal will become part of the purchased services agreement, unless otherwise negotiated by the RCJFS.

- 1 Questions. Questions regarding this Request for Proposals can be directed to Carmen L. Torrence, in writing. Contact may be made by fax (419) 522-4375, Email ( [Carmen.Torrence@jfs.ohio.us](mailto:Carmen.Torrence@jfs.ohio.us) ), or U.S. mail (address listed above)
- 2 Final selection of the successful applicant(s) will be made no later than **September 13, 2018.** The successful applicant(s) will be notified no later than **September 14, 2018.**

## ***VII. Proposal Format***

Proposals must be assembled according to the following outline and format. The forms necessary to provide the referenced information are included in the Attachments to this Request for Proposals. Failure to follow the outline will result in rejection of the proposal.

1. Request for Proposals Response Cover Page (See Attachment B)
2. Checklist for submitting proposal (See Attachment C)
3. Competitive Proposal Affidavit (See Attachment D)
4. Service Provider Rate Schedule (See Attachment A)
5. Representations, Assurances and Certifications (See Attachment E)
6. Certificate of Liability Insurance
7. Copies of Vehicle Registrations for all vehicles that will be used to transport clients
8. Copy of current Worker Compensation Certificate
9. Copy of Management Letter from most recent audit completed on vendor.
10. Copies of criminal background checks on each direct service employee/driver, performed in accordance with ORC Section 109.572 (Attachment F)
11. Copies of valid driver licenses for all direct service employees/drivers

## ***VIII. Proposal Evaluation and Selection***

Proposals will be rated against a total value of 100 possible points. Selection of Vendor(s) will be awarded to the lowest and best proposal. Lowest and best will be determined by Richland County Job and Family Services, based on what is in the best interest of the County and its residents. Due to individual client needs, RCJFS reserves the right to select vendor(s) on factors other than price. The Vendor(s) will be selected from the proposal that offers the lowest price, greatest availability, and is the most advantageous to the clients utilizing this program.

This Request for Proposals does not constitute an offer. Acceptance of proposals for review does not commit the RCJFS to award a contract, nor is the RCJFS liable for any costs incurred in the preparation of a proposal. A written notice of the award will be sent to the selected Vendor(s), by the RCJFS. This will constitute official notification of selection of the Proposal. All proposals will be rated in accordance with the following rating scale:



<b>PREPAID FUEL PROPOSAL SELECTION RATING TOOL</b>		
<b>Criteria</b>	<b>Points Available</b>	<b>Points Rated</b>
Met requirements for Proposal Submission: <ul style="list-style-type: none"> <li>○ cover page information, Attachment B</li> <li>○ check list, Attachment C</li> <li>○ signed affidavit, Attachment D</li> <li>○ Service Provider Rate Schedule, Attachment A</li> <li>○ representations/ assurances/ certifications, Attachment E</li> <li>○ Certificate of Liability Insurance</li> <li>○ vehicle registrations</li> <li>○ copy of Worker Compensation Certificate</li> <li>○ copy of management letter</li> <li>○ copies of criminal background checks</li> <li>○ copies of valid driver licenses</li> <li>○ Direct-Services PTV Employee Forms</li> </ul>		<b>PASS/  FAIL</b>
Provider's Rate Schedule	<b>50</b>	
Availability and Flexibility to meet client volume, needs and demand.	<b>50</b>	
<b>Total</b>	<b>100</b>	
<b>Comments:</b>		

### ***IX. Award***

Based on historical data and present conditions, it is estimated that \$400,000 is available for the period of October 1, 2018 through September 30, 2019. Award notification will be mailed to the approved vendor(s). Before funding is received, a mandatory orientation session will provide vendor(s) with the opportunity to meet RCJFS staff, and review contract requirements.

### ***X. Vendor Disclosures***

Vendors must provide a disclosure of any pending or threatened court actions or claims against the Vendor. This information may not cause rejection of the proposal, but withholding the information may be cause to reject the proposal.

### ***XI. Conflict of Interest***

No Vendor will promise, or give any RCJFS employee anything of value that could influence that employee's decision on awarding contracts. No Vendor shall attempt to influence an employee of RCJFS to violate any of the procurement policies of the RCJFS.

**Attachment A – Service Provider Rate Schedule**

**For Ambulatory Clients One Way Rates**

Service Provider		0-5 Miles	6-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	Over 25 Miles	Wait Time

**For Ambulette (Wheelchair Transportation) One Way Rates**

Service Provider		0-5 Miles	6-10 Miles	11-15 Miles	16-20 Miles	21-25 Miles	Over 25 Miles	Wait Time

**Ride Share Rates  
(Akron/Cleveland/Columbus)**

Service Provider		One Way Trip	Round Trip	Add'l Passenger		

[illegible]

***ATTACHMENT B – Cover Page***

***Transportation Services***

<b><i>Name of Vendor:</i></b>	
<b><i>Federal ID Number or Social Security Number if an individual:</i></b>	
<b><i>Address of Vendor:</i></b>	
<b><i>Phone and FAX of Vendor:</i></b>	
<b><i>Name of Person with Ownership or Control in Company:</i></b>	
<b><i>Contact Person and Contact Number:</i></b>	
<b><i>Date of Submission:</i></b>	

### **Attachment C - Checklist for Submitting Competitive Proposals**

All Vendors responding to the Transportation Services Request for Proposals must include the following:

- ☐ Cover page with summary information (See Attachment B)
- ☐ Checklist for Submitting Competitive Proposals (This page)
- ☐ Service Provider Rate Schedule (Attachment A)
- ☐ Competitive Proposal Affidavit (Attachment D)
- ☐ Representations, Assurances and Certifications (Attachment E)
- ☐ Direct-Service PTV Employee Forms (Attachment H)
- ☐ Certificate of Liability Insurance
- ☐ Vehicle Registrations
- ☐ Copy of current Worker Compensation Certificate
- ☐ Copy of Management Letter from most recent audit.
- ☐ Copies of Background Checks
- ☐ Copies of Valid Driver Licenses

**Attachment D - COMPETITIVE PROPOSAL AFFIDAVIT**  
State of Ohio

I, \_\_\_\_\_, \_\_\_\_\_,  
(Name of person signing affidavit) (Title)

swear that \_\_\_\_\_  
(Name of Individual, Corporation, or Organization)

(NON-COLLUSION AFFIDAVIT) its agents, officers, or employees have not directly, nor indirectly, entered into any agreements, participated in any collusion, nor taken any action to restrain free competition in connection with this proposal.

(NON-DISCRIMINATION AFFIDAVIT) its agents, officers or employees will not discriminate in the hiring of employees for work under this proposal or in providing services sent forth in this proposal on the basis of race, color, religion, sex, age, disability, national origin or ancestry, or political affiliation or belief.

(PERSONAL PROPERTY TAX DELINQUENCY STATEMENT) The organization is not now charged with any delinquent personal property taxes on the general tax list of personal property of the county. If such delinquency is now charged, a statement setting forth the unpaid delinquent taxes and any due and unpaid penalties and interest now follows:

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(CERTIFICATION). The information contained in this proposal fairly represents the organization and its proposed operating plans and price for the Scope of Services and Deliverables described in the Request for Proposals for Transportation Services. I acknowledge that I have read and understand the requirements and provisions of this Request for Proposals, and this organization is prepared to provide the Deliverables, as specified in this proposal.

I further certify that all information contained in this proposal is true and correct, and shall be open to verification, should Richland County Job and Family Services choose to do so.

I certify that I am authorized to sign the attached Proposal, and to commit this organization to the provisions described in the Deliverables, and other provisions contained in the Request for Proposals. Furthermore, I can and do certify that this is a firm offer to complete the items outlined in the Request for Proposals.

Finally, I do certify that this organization is not currently involved in any state of formal bankruptcy proceedings.

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Signature of Authorized Representative of Entity Submitting Proposal      Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_

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(Notary Public)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_, Ohio.

**Attachment E - REPRESENTATIONS, ASSURANCES, AND CERTIFICATIONS**

1. Company Name: \_\_\_\_\_
2. Company Address: \_\_\_\_\_  
\_\_\_\_\_  
(Must include primary business address, every business location and P.O. Box address)
3. Telephone Number: \_\_\_\_\_ FAX: \_\_\_\_\_
4. The names of any and all persons with ownership or control in the company:  
\_\_\_\_\_  
\_\_\_\_\_
5. The name and telephone number of the person(s) who has the authority to submit proposals:  
\_\_\_\_\_
6. The name and telephone number of the person(s) who has the authority to sign contracts:  
\_\_\_\_\_
7. The legal status of the entity submitting proposal ( e.g. corporation, sole proprietor, post-secondary education institution, etc.)  
\_\_\_\_\_
8. Date of establishment/ incorporation: \_\_\_\_\_
9. Federal Employer Identification Number (FEIN): \_\_\_\_\_
10. Social Security Number and date of birth, if individual: \_\_\_\_\_
11. Name, address, date of birth and social security number of any managing employees:  
\_\_\_\_\_  
\_\_\_\_\_



12. Workers' Compensation Account Number: \_\_\_\_\_
13. Unemployment Insurance Account Number: \_\_\_\_\_
14. Is the company co-owned or controlled by a parent company? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, name of parent company: \_\_\_\_\_
15. Is the vendor authorized/ licensed to do business in the state of Ohio? \_\_\_\_\_Yes \_\_\_\_\_No
16. Is the vendor bound by Federal, State, or local Affirmative Action  
or Equal Employment Opportunity rules? \_\_\_\_\_Yes \_\_\_\_\_No  
If yes, has the company filed all required EEO reports to  
the necessary agencies? \_\_\_\_\_Yes \_\_\_\_\_No
17. The company certifies that it is not debarred nor suspended under  
Federal and State rulings from receiving federal funds. \_\_\_\_\_Yes \_\_\_\_\_No
18. Does the company have current or future plans for a buyout or sale? \_\_\_\_\_Yes \_\_\_\_\_No
19. The company certifies that it will not enter into contracts with  
subcontractors who are debarred or suspended from such  
transactions to complete work related to this Request for Proposals. \_\_\_\_\_Yes \_\_\_\_\_No
20. The company certifies it will not use the contract funds to lobby? \_\_\_\_\_Yes \_\_\_\_\_No
21. The company certifies it is a drug-free work place? \_\_\_\_\_Yes \_\_\_\_\_No
22. The company certifies it is not delinquent on any Federal debt? \_\_\_\_\_Yes \_\_\_\_\_No
23. The company certifies that it does not have any Findings for  
Recovery with the State of Ohio Auditor. \_\_\_\_\_Yes \_\_\_\_\_No
24. The company certifies that its agents, officers, or managing employees have not been  
convicted of a criminal offense related to any programs under Medicaid, Medicare, or the  
Title XX programs since the inception of these programs. \_\_\_\_\_YES \_\_\_\_\_No

## **Attachment F- DEFINITIONS**

**1) "Private transportation vendor (PTV)"** is an entity (e.g. individual person, for-profit company, not-for-profit organization) that meets the following criteria:

(a) It seeks to establish or to maintain a contract with a county department of job and family services (CDJFS) to supply transportation service to Medicaid recipients in accordance with rule 5160-15-13 of the Administrative Code; and

(b) It is not a government agency, transit authority, public transportation system, or other quasi-governmental organization.

**(2) "PTV owner/manager"** is a person having an ownership or control interest in the PTV, as defined in 42 C.F.R. 455.101 (October 1, 2016).

**(3) "Related enterprise"** is any other business in which a PTV owner/manager has an ownership or control interest.

**(4) "Direct-service PTV employee"** is a PTV employee who provides direct services to Medicaid recipients.

Person with an ownership or control interest means a person or corporation that—

(a) Has an ownership interest totaling 5 percent or more in a disclosing entity;

(b) Has an indirect ownership interest equal to 5 percent or more in a disclosing entity;

(c) Has a combination of direct and indirect ownership interests equal to 5 percent or more in a disclosing entity;

(d) Owns an interest of 5 percent or more in any mortgage, deed of trust, note, or other obligation secured by the disclosing entity if that interest equals at least 5 percent of the value of the property or assets of the disclosing entity;

(e) Is an officer or director of a disclosing entity that is organized as a corporation; or

(f) Is a partner in a disclosing entity that is organized as a partnership.

**Attachment G - Violations**

*959.13 Cruelty to animals*  
*959.131 Prohibitions concerning companion animals*  
*2903.01 Aggravated murder*  
*2903.02 Murder*  
*2903.03 Voluntary manslaughter*  
*2903.04 Involuntary manslaughter*  
*2903.041 Reckless homicide*  
*2903.11 Felonious assault*  
*2903.12 Aggravated assault*  
*2903.13 Assault*  
*2903.15 Permitting child abuse*  
*2903.16 Failing to provide for a functionally impaired person*  
*2903.21 Aggravated menacing*  
*2903.211 Menacing by stalking*  
*2903.22 Menacing*  
*2903.34 Patient abuse or neglect*  
*2903.341 Patient endangerment*  
*2905.01 Kidnapping*  
*2905.02 Abduction*  
*2905.05 Criminal child enticement*  
*2905.11 Extortion*  
*2905.12 Coercion*  
*2905.32 Trafficking in persons*  
*2905.33 Unlawful conduct with respect to documents*  
*2907.02 Rape*  
*2907.03 Sexual battery*  
*2907.04 Unlawful sexual conduct with minor*

*2907.05 Gross sexual imposition*

*2907.06 Sexual imposition*

*2907.07 Importuning*

*2907.08 Voyeurism*

*2907.09 Public indecency*

*2907.21 Compelling prostitution*

*2907.22 Promoting prostitution*

*2907.23 Enticement or solicitation to patronize a prostitute; procurement of a prostitute for another*

*2907.24 Soliciting - after positive HIV test - driver's license suspension*

*2907.25 Prostitution - after positive HIV test*

*2907.31 Disseminating matter harmful to juveniles*

*2907.32 Pandering obscenity*

*2907.321 Pandering obscenity involving a minor*

*2907.322 Pandering sexually oriented matter involving a minor*

*2907.323 Illegal use of minor in nudity-oriented material or performance*

*2907.33 Deception to obtain matter harmful to juveniles*

*2909.02 Aggravated arson*

*2909.03 Arson*

*2909.04 Disrupting public services*

*2909.22 Soliciting or providing support for act of terrorism*

*2909.23 Making terroristic threat*

*2909.24 Terrorism*

*2911.01 Aggravated robbery*

*2911.02 Robbery*

*2911.11 Aggravated burglary*

*2911.12 Burglary*

*2911.13 Breaking and entering*

*2913.02 Theft*

*2913.03 Unauthorized use of a vehicle*

*2913.04 Unauthorized use of property - computer, cable, or telecommunication property*

*2913.05 Telecommunications fraud*

*2913.11 Passing bad checks*

*2913.21 Misuse of credit cards*

*2913.31 Forgery - Forging identification cards or selling or distributing forged identification cards*

*2913.32 Criminal simulation*

*2913.40 Medicaid fraud*

*2913.41 Defrauding a rental agency or hostelry*

*2913.42 Tampering with records*

*2913.43 Securing writings by deception*

*2913.44 Personating an officer*

*2913.441 Unlawful display of law enforcement emblem*

*2913.45 Defrauding creditors*

*2913.46 Illegal use of food stamps or WIC program benefits*

*2913.47 Insurance fraud*

*2913.48 Workers' compensation fraud*

*2913.49 Identity fraud*

*2913.51 Receiving stolen property*

*2917.01 Inciting to violence*

*2917.02 Aggravated riot*

*2917.03 Riot*

*2917.31 Inducing panic*

*2919.12 Unlawful abortion*

*2919.121 Unlawful abortion upon minor*

*2919.123 Unlawful distribution of an abortion-inducing drug*

*2919.22 Endangering children*

*2919.23 Interference with custody*

*2919.24 Contributing to unruliness or delinquency of a child*

*2919.25 Domestic violence*

*2921.03 Intimidation*

*2921.11 Perjury*

*2921.12 Tampering with evidence*

*2921.13 Falsification - in theft offense - to purchase firearm*

*2921.21 Compounding a crime*

*2921.24 Disclosure of confidential information*

*2921.32 Obstructing justice*

*2921.321 Assaulting or harassing police dog or horse or service dog*

*2921.34 Escape*

*2921.35 Aiding escape or resistance to lawful authority*

*2921.36 Illegal conveyance of weapons, drugs or other prohibited items onto grounds of detention facility or institution*

*2921.51 Impersonation of peace officer or private police officer*

*2923.12 Carrying concealed weapons*

*2923.122 Illegal conveyance or possession of deadly weapon or dangerous ordnance or of object indistinguishable from firearm in school safety zone*

*2923.123 Illegal conveyance of deadly weapon or dangerous ordnance into courthouse - illegal possession or control in courthouse*

*2923.13 Having weapons while under disability*

*2923.161 Improperly discharging firearm at or into a habitation, in a school safety zone or with intent to cause harm or panic to persons in a school building or at a school function*

*2923.162 Discharge of firearm on or near prohibited premises*

*2923.21 Improperly furnishing firearms to minor*

*2923.32 Engaging in pattern of corrupt activity*

*2923.42 Participating in criminal gang*

*2925.02 Corrupting another with drugs*

*2925.03 Trafficking, aggravated trafficking in drugs*

*2925.04 Illegal manufacture of drugs - illegal cultivation of marihuana - methamphetamine offenses*

*2925.041 Illegal assembly or possession of chemicals for manufacture of drugs*

*2925.05 Funding, aggravated funding of drug or marihuana trafficking*

*2925.06 Illegal administration or distribution of anabolic steroids*

*2925.09 Unapproved drugs - dangerous drug offenses involving livestock*

*2925.11 Possession of controlled substances*

*2925.13 Permitting drug abuse*

*2925.14 Illegal use or possession of drug paraphernalia*

*2925.141 Illegal use or possession of marihuana drug paraphernalia*

*2925.22 Deception to obtain a dangerous drug*

*2925.23 Illegal processing of drug documents*

*2925.24 Tampering with drugs*

*2925.36 Illegal dispensing of drug samples*

*2925.55 Unlawful purchase of pseudoephedrine or ephedrine product*

*2925.56 Unlawful sale of pseudoephedrine or ephedrine product*

*2927.12 Ethnic intimidation*

*3716.11 Placing harmful or hazardous objects in food or confection*

Felonious sexual penetration in violation of former section [2907.12](#) of the Revised Code

A violation of section [2905.04](#) of the Revised Code as it existed prior to July 1, 1996

A violation of section [2923.01](#), [2923.02](#), or [2923.03](#) of the Revised Code when the underlying offense that is the object of the conspiracy, attempt, or complicity is one of the offenses listed above

*2923.01 Conspiracy*

*2923.02 Attempt to commit an offense*

*2923.03 Complicity*

A violation of an existing or former municipal ordinance or law of this state, any other state, or the United States that is substantially equivalent to any of the offenses listed above



**Attachment H: DIRECT-SERVICE PTV EMPLOYEE**  
**(Complete for each Direct-Service PTV Employee)**

Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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SSN:\_\_\_\_\_ Address:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

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City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

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SSN:\_\_\_\_\_ Address:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name:\_\_\_\_\_ First Name:\_\_\_\_\_

SSN:\_\_\_\_\_ Address:\_\_\_\_\_

City:\_\_\_\_\_, State:\_\_\_\_\_, County:\_\_\_\_\_, Zip Code:\_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

SSN: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_, State: \_\_\_\_\_, County: \_\_\_\_\_, Zip Code: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

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