HOUSE OF REPRESENTATIVES
Roll Call
HEALTH & HUMAN SERVICES SUB-COMMITTEE

DATE Jan 13 2005

NAME	PRESENT	ABSENT	EXCUSED
REP. CHRISTINE KAUFMANN, CHAIR	X		
SEN. JOHN COBB	X		
REP. ~~KAY HAWK~~ Walter McNutt			X
REP. JOEY JAYNE	X		
SEN. GREG LIND	X		
REP. PENNY MORGAN	X		
SEN. DAN WEINBERG	X		

Montana House of Representatives
Visitors Register

HUMAN SERVICES & AGING SUBCOMMITTEE **Date** 1/13/05

Bill No. _____ **Sponsor(s)** _____

PLEASE PRINT **PLEASE PRINT** **PLEASE PRINT**

Name and Address	Representing	Support	Oppose	Inf.
Chris Volinkaty	Children's DD Services			
June Hunnanen	Montanans w/Disabilities for Equal Access			
Connie Phelps	MT Telecomm.			
Michelle Thibodeau	DDS - DSD Division			
Matt Bugni	DSD - Financial Services			
Charlie Briggs	MAHDS & A			
Sarah Eyer	MSDB			
Tearra Donovan	MSDB			
Tom Pouliot	Family of Deaf Persons	✓		
Dean Rinta	MTAP	✓		
Linda Pouliot	MTAP	✓		

Please leave prepared testimony with Secretary. Witness Statement forms are available if you care to submit written testimony.

S:/SubcommHumSvcsVisitorReg2003

HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME JOHN DELANO **BUDGET** _____

ADDRESS Helena **DATE** 13 Jan 05

WHOM DO YOU REPRESENT? self

SUPPORT: X **OPPOSE** _____ **AMEND** _____

COMMENTS:

~~Wo~~ Would like to give a short statement in favor of Telecommunications

/s/SubCommHumSvcsWitnessState.2003

HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tearra Donovan BUDGET

ADDRESS 1300 5th Ave NW DATE 1/13/04
Great Falls, MT 59404

WHOM DO YOU REPRESENT? MTAP

SUPPORT: X OPPOSE AMEND

COMMENTS:

/s/SubCommHumSvcsWitnessState.2003

HOUSE OF REPRESENTATIVES

AIC HHS Sub-Committee

WITNESS STATEMENT

PLEASE PRINT

NAME LINDA POULIOT BUDGET

ADDRESS DATE 1.13.05

WHOM DO YOU REPRESENT? self

SUPPORT: X OPPOSE AMEND

COMMENTS:

MTAP svcs & funding

/s/SubCommWitnessState.sample2003

For: Laura Good

HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Thomas Pouliot BUDGET RE: Telecom. Relay Service

ADDRESS 3000 Villard, #312 DATE 1-13-05

Helena, MT

WHOM DO YOU REPRESENT? Family of Deaf Persons

SUPPORT: ✓ OPPOSE AMEND

COMMENTS: As family members, we have seen 1st hand, that this program is life-changing for those that need and use it. The deaf are brought into the 20th century .... they can now call someone up on the phone. When there is an emergency .... and a deaf person is "home alone," they could not even call for help.

This program allow the deaf to become indepent ..... not having to rely on others to "help" them to communicate.

The funding for this program is already in place ..... do not reduce the funding, or take any of the funds that are earmarked for this program. There are 70,000 hard-of-hearing and deaf persons in this State that depend on this program, and its future improvements in their lives.

/s/SubCommHumSvcsWitnessState.2003 T. Pouliot 442-6696

HOUSE OF REPRESENTATIVES

ASC HHS Sub-Committee

WITNESS STATEMENT

PLEASE PRINT

NAME Sarah Eyer BUDGET

ADDRESS DATE Jan 13 2005

WHOM DO YOU REPRESENT?

SUPPORT: X OPPOSE AMEND

COMMENTS:

MTAP svcs & funding

/s/SubCommWitnessState.sample2003