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

DATE Jan 14 2005

NAME	PRESENT	ABSENT	EXCUSED
REP. CHRISTINE KAUFMANN, CHAIR	X		
SEN. JOHN COBB	X		
REP. JOEY JAYNE	X		
SEN. GREG LIND	X		
REP. WALTER MCNUTT			✓
REP. PENNY MORGAN	X		
SEN. DAN WEINBERG	X		

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Montana House of Representatives
Visitors Register

HUMAN SERVICES & AGING SUBCOMMITTEE **Date** Jan 14 2005

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

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

Name and Address	Representing	Support	Oppose	Inf.
Tim Crowe 901 Cedar Helena, MT	Self	X		
DEE Burrell PO Box 526 Helena 59624	MCDD	X		
Charlie Briggs	MAIDS-SAYMAR	X		
Dale Boeshfleg	HDAC	X		
Cris Volinkaty	CDC	X		
Tony Cline	COR Enterprises Billings	X		
Greta Schilling	Job Connection, Inc.	X		
Wally Melcher	Parent advocate	X		
David Arbour	Consumer	X		
Dave Depew	MPCO			
Jane Hammen	Key Decisions	X		
Sandi Marisdotter	Family Outreach	X		
Melanie Martin-Dent	Self	X		
Rick Thompson	Hi-Line Home Programs	X		
Terri Sisson	Hi-Line Home Programs	X		
Tom Cordingley	SCLT/GRANDSTREET TH.	X		
Ruth Straley	Vic Rehab Council	X		

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

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Montana House of Representatives
Visitors Register

HUMAN SERVICES & AGING SUBCOMMITTEE **Date** Jan 13 2005

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

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

Name and Address	Representing	Support	Oppose	Inf.
Matt Castree	Blind	X		
Myple Tompkins	MAB	X		
Susan Dahl	SRP			
Henry Vodeberg	Parent	X		

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

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Kari Mausshardt **BUDGET** DD

ADDRESS 35 8 Mile Lane Polson, MT 59860 **DATE** 1/14/05

WHOM DO YOU REPRESENT? Mission Mountain Ent.

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Ian Ray Elliot **BUDGET** MT Vocational Rehabilitation

ADDRESS 2512 Golden Blvd. Billings, MT **DATE** 1/14/05

WHOM DO YOU REPRESENT? MT Vocational Rehabilitation Council

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

With numerous matching dollars at stake, it makes sense to approve funding levels that result in meeting our state match to federal dollars available. MT Vocational Rehabilitation services assisted me in becoming a full time employed professional that has achieved leadership level of service in areas of disability, rehabilitation, performing arts presenting throughout Montana, and human rights for my fellow Montana citizens. This is an income-producing program that provides essential training and placement opportunities for those who might otherwise remain unemployed, non-taxpaying wards of this state and federal government. Aside from the improved quality of life that results from an employment status by a person with a disability, comes the dollars and cents "horsesense" logic of moving a person from economic dependence to taxpaying independence.

HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME JAN CAHILL **BUDGET**

ADDRESS 215 SOMLTER AVE **DATE**

WHOM DO YOU REPRESENT? QUALITY LIFE CONCEPTS

SUPPORT: (✓) **OPPOSE** **AMEND**

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Rob Tallon **BUDGET** _____

ADDRESS Bozeman, MT **DATE** 1/4/05

WHOM DO YOU REPRESENT? Reach, Inc.

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Dale Boeshflug **BUDGET** _____

ADDRESS 2014 5th Ave S.W **DATE** 1/14/09

WHOM DO YOU REPRESENT? Havre Day Activity Center

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME DAVID EATON **BUDGET** _____

ADDRESS 116 E Lewis St. Livingston **DATE** 1/14/05

WHOM DO YOU REPRESENT? Comerpoint / MAIDS

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Annette Baird **BUDGET** _____

ADDRESS 223 Anderson Blvd **DATE** _____

WHOM DO YOU REPRESENT? Myself

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Carol Loomis **BUDGET** Disability / Family Outreach

ADDRESS 431 Clarke Helena **DATE** 1-14-05

WHOM DO YOU REPRESENT? My Son

SUPPORT: ✓ **OPPOSE** **AMEND**

COMMENTS:

Asking for your help by supporting our programs

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Brooke Bartholomew **BUDGET** _____

ADDRESS 23 Yellowstone #3 Billings **DATE** 1-13-05

WHOM DO YOU REPRESENT? STEP : Families

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Charlie Briggs **BUDGET** DSD

ADDRESS 511-5th St **DATE** 1/14/05

WHOM DO YOU REPRESENT? MAR, MAIDS-SA

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tim Crowe **BUDGET** DSD

ADDRESS 901 CEDAR Helena, MT **DATE** 1-14-05

WHOM DO YOU REPRESENT? Self

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Melanie Martin-Dent **BUDGET** _____

ADDRESS 4086 Sherman Gulch Rd **DATE** 1/14/05

WHOM DO YOU REPRESENT? Self

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

COMMENTS:

I am the parent of a 19 yr. old daughter who had her first experience of work through the help of Vocational Rehabilitation. She has Asperger's Syndrome, Panic Disorder and several phobias, one of which is fear of growing up, including working & becoming independent. Through this service she had her first experience of the work world, and has begun to envision her future in a more positive way. Thank you for providing her with that opportunity.

HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tom Cordingley **BUDGET** _____

ADDRESS Helena **DATE** _____

WHOM DO YOU REPRESENT? Helena Industries / Grandstreet Theatre

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Jim Daily **BUDGET** _____

ADDRESS _____ **DATE** 1-14-05

WHOM DO YOU REPRESENT? MVR Council

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME GREG OLSEN **BUDGET** VR/DD DPHHS

ADDRESS 1325 HELENA AVE **DATE** 11/14/05

WHOM DO YOU REPRESENT? HELENA INDUSTRIES

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Theresa A Gardner **BUDGET** _____

ADDRESS 2300 N. Roberts #207 **DATE** 1-14-05

WHOM DO YOU REPRESENT? Self

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tuna Hermanson **BUDGET** _____

ADDRESS 2629 Cook **DATE** _____

WHOM DO YOU REPRESENT? Montana W/ Disabilities for Equal Access

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

COMMENTS:

Support Independent Living Funding

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Steve Duchanne **BUDGET** _____

ADDRESS 1007 5th St W Polson MT. **DATE** 1-13-05

WHOM DO YOU REPRESENT? Developmental Disability Program

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Robert J. Becker **BUDGET** _____

ADDRESS Helena **DATE** 1/14/05

WHOM DO YOU REPRESENT? Independent Living

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

COMMENTS:

Robert J Becker

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Judy Erickson **BUDGET** _____

ADDRESS 1300 Butte Avenue #205 Helena 59601 **DATE** _____

WHOM DO YOU REPRESENT? Independent Living

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Myrle Simpkins **BUDGET** _____

ADDRESS Helena **DATE** 01/14/05

WHOM DO YOU REPRESENT? MAB

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Matt Castner **BUDGET** _____

ADDRESS Helena **DATE** 01/14/05

WHOM DO YOU REPRESENT? Blind

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Cris Volinkaty **BUDGET** _____

ADDRESS MSIA **DATE** _____

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

Wally Melchar

NAME David Arbour **BUDGET** _____

ADDRESS 5452 Birdseye Rd **DATE** 1/14/05

Helena MT 59602

WHOM DO YOU REPRESENT? Ourselves

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Henry Vaderberg **BUDGET** DPW/HS - DDD

ADDRESS 19 Jefferson **DATE** 1/14/05

WHOM DO YOU REPRESENT? - Parent - Consumer

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

COMMENTS:

- Fund DDD Services - higher level - all medicaid funds to passed directly through to clients -

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Travis Smith **BUDGET** _____

ADDRESS 817 S. Central Ave Sidney **DATE** _____

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Ruth Sharp **BUDGET** _____

ADDRESS P.O. Box 125 **DATE** 1-14-05

WHOM DO YOU REPRESENT? Tyler Sharp (son

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME April Stauffinger **BUDGET** _____

ADDRESS 911 N. 23rd **DATE** 1/14/05

WHOM DO YOU REPRESENT? S.T.E.P.

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Susan Surumgard **BUDGET** Child & Family Services / Family Outreach

ADDRESS 908 Wilder **DATE** 1/13/05

WHOM DO YOU REPRESENT? Family Outreach

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Travis Hoffman **BUDGET** _____

ADDRESS _____ **DATE** 1-14-05

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

support of IL + VR

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Marla Corwin **BUDGET** _____

ADDRESS 528 S. Rodney **DATE** 1-14-05
Helena, MT 59601

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Noël Jacobs **BUDGET** House Bill 2

ADDRESS 16556 Kellard. **DATE** 1-14-08

WHOM DO YOU REPRESENT? Family Outreach

SUPPORT: **OPPOSE** **AMEND**

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Jim Gibson **BUDGET** _____

ADDRESS 1215 34th St #2104 Missoula 59801 **DATE** _____

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

James Gibson

Support FL

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME THOMAS McKENNA **BUDGET**

ADDRESS 3081 AVE E **DATE** 1-14-2005

WHOM DO YOU REPRESENT? S.T.E.P. INC.

SUPPORT: **OPPOSE** **AMEND**

COMMENTS:

I SUPPORT ALL DD FUNDING / FAMILY SERVICES FUNDING

I SUPPORT EXTENDED EMPLOYMENT

I SUPPORT MINIMUM 3% ANNUAL RAISE IN DD & FAMILY SERVICES EMPLOYMENT

I SUPPORT WAGE PARITY IN ALL DD & FAMILY SERVICES

I SUPPORT MAXIMIZING FEDERAL FUNDING WITH STATE FUNDING

I URGE CAUTION & ATTENTION WITH DEVELOPEMENT OF THE MERCER RATE SYSTEM. UNDERSTAND THE GOOD THINGS IN PLACE BEFORE DISABLING OR BLOCKING THEIR FUNCTION — PLEASE INVOLVE PROVIDERS IN THE MERCER RATE DEVELOPEMENT.

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Len Nopen **BUDGET**

ADDRESS 400 5th St. N #110 - Great Falls **DATE**

WHOM DO YOU REPRESENT? QLC

SUPPORT: **OPPOSE** **AMEND**

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Colleen Nichols **BUDGET** _____

ADDRESS 913 Granite **DATE** 1/14/05

WHOM DO YOU REPRESENT? Parent / People First - MT

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Kathleen Callahan **BUDGET** _____

ADDRESS 4675 Liberty Dr. Helena **DATE** _____

WHOM DO YOU REPRESENT? herself

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Jennifer West **BUDGET** _____

ADDRESS 1515 Dublin St **DATE** 1-14-05

WHOM DO YOU REPRESENT? My Child + STEP - DD Services

SUPPORT: ✓ **OPPOSE** _____ **AMEND** _____

COMMENTS:

Please carefully consider Mercer Rate System
37% provider ~~wage~~ increase
wage parity

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Julia Kannegiesser **BUDGET**

ADDRESS 324 Eastlake Circle **DATE** 1-14-05

WHOM DO YOU REPRESENT? My family & STEP - DD Services

SUPPORT: ✓ **OPPOSE** **AMEND**

COMMENTS:

(1) Please carefully monitor Mercer Rate System.

(2) Help agencies to be able to provide quality staff and services by supporting the provider rate increase and wage parity.

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Lisa Rosta **BUDGET** _____

ADDRESS 41 Jackson Creek Rd Clancy **DATE** _____

WHOM DO YOU REPRESENT? self

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

COMMENTS:

re: DD allocation of funds by assessment

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Nadine Sim **BUDGET** _____

ADDRESS 1510 Peosta **DATE** _____

WHOM DO YOU REPRESENT? DD Programs

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Vicki LaFond-Smith **BUDGET** HHS

ADDRESS 3165 Miranda Dr. Helena, MT 59602 **DATE** 1/14/05

WHOM DO YOU REPRESENT?

SUPPORT: **OPPOSE** **AMEND**

COMMENTS:

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