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

DATE January 17 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			X
REP. PENNY MORGAN	X		
SEN. DAN WEINBERG	X		

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME MAGGIE CARLSON **BUDGET** EE FUNDING

ADDRESS PO BOX 6882 NELSON, MT 59604 **DATE** 19 Jan 05

WHOM DO YOU REPRESENT? EXTENDED EMPLOYMENT / VR MRC EMPLOYMENT SERVICES

SUPPORT: ✓ **OPPOSE** **AMEND**

COMMENTS:

TEAM REPRESENTING THE BEST of EXTENDED EMPLOYMENT
MAGGIE CARLSON - JOB COACH
SCOTT - EMPLOYER BURGER KING
JEREMY - EMPLOYER, BURGER KING MGR.

TONI SVOLESON - EMPLOYER of 1/3 STAFF ON EXTENDED EMPLOYMENT PROGRAM

REQUESTING CONTINUED SUPPORT.

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Billie Miller **BUDGET** _____

ADDRESS _____ **DATE** 1·17·05

WHOM DO YOU REPRESENT? Family Outreach & Child Development Center

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

COMMENTS:

would like to testify on Part C and General Fund

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tom Osborn **BUDGET**

ADDRESS 1120 25th Ave NE **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 Duryl Sinneth **BUDGET** _____

ADDRESS 626 13th AVE So. B/8 **DATE** 1/17/05

WHOM DO YOU REPRESENT? NTCLS

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Toni Svaleson **BUDGET** _____

ADDRESS 26 N. LCG Helena **DATE** 1-17-05

WHOM DO YOU REPRESENT? Extended Employment

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Scott Small **BUDGET** _____

ADDRESS 1008 N Ewing St. #6 **DATE** 1/17/05

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 Jerry P. Whitt **BUDGET** _____

ADDRESS 223 East Pacific **DATE** 1-17-05

WHOM DO YOU REPRESENT? SS

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Carl Schwartz **BUDGET** _____

ADDRESS _____ **DATE** _____

WHOM DO YOU REPRESENT? MT Ass'n of the Blind

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Charlie Briggs **BUDGET** _____

ADDRESS 511-5th, Helena **DATE** 1/17/05

WHOM DO YOU REPRESENT? MAIDS-SA; MAR

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Tyne Hermanson **BUDGET** _____

ADDRESS 2629 Cook Billings MT **DATE** _____

WHOM DO YOU REPRESENT? _____

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

COMMENTS:

Id Funding

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Jeff Buska **BUDGET** _____

ADDRESS 1400 Broadway **DATE** 1/17/2005

WHOM DO YOU REPRESENT? DPHHS

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

COMMENTS:

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HOUSE OF REPRESENTATIVES

Human Services and Aging Subcommittee

WITNESS STATEMENT

PLEASE PRINT

NAME Joyce DeLuzio **BUDGET** AMDD

ADDRESS 555 Fuller **DATE** 1-17-05

WHOM DO YOU REPRESENT? DPHHS

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 _____ **DATE** 4/27/05

WHOM DO YOU REPRESENT? DD Child & Family Services

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

COMMENTS:

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