



DEPARTMENT OF STATE HEALTH SERVICES  
 COUNCIL MEETING  
 REGISTRATION OF ATTENDANCE



Thursday, June 13, 2013  
 Public Hearing Room 164, 909 West 45<sup>th</sup> Street, Austin, Texas

\*\*DSHS or HHSC employees do not need to sign-in

| Name<br>PLEASE PRINT | Representing/Address<br>PLEASE PRINT | Wish to<br>Speak?<br>Circle one  | Agenda Item No. | <u>PLEASE<br/>NOTE:</u>  |
|----------------------|--------------------------------------|--|-----------------|--|
| 1 Kyle Mauro         | Hillco                               | Yes / <input checked="" type="radio"/> No                                  |                 | IF YOU<br>WISH TO<br>ADDRESS<br>THE<br>COUNCIL,<br>YOU MUST<br>ALSO<br>COMPLETE<br>A<br>BLUE<br>COMMENT<br>SHEET<br>PRIOR<br>TO THE<br>BEGINNING<br>OF THE<br>MEETING. |
| 2 JUDY GRAHAM        |                                      | Yes / <input checked="" type="radio"/> No                                  |                 |  |
| 3 MARYDNE TOMLINSON  | TXNM Hospice Org                     | Yes / <input checked="" type="radio"/> No                                  |                 |  |
| 4 Heather Fleming    | HAC                                  | Yes / No   |                 |  |
| 5 Lynn Nolan         | GoVantage                            | Yes / No   |                 |  |
| 6 TOM VALENTINE      | TXINSIGHT.COM                        | <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No | General Comment |  |
| 7 Jennifer Degan     | Speaker                              | Yes / No   |                 |  |
| 8 Lynn Day           | DMH                                  | Yes / <input checked="" type="radio"/> No                                  |                 |  |
| 9 Danette Castle     | Texas Council of Community Centers   | <input checked="" type="radio"/> Yes / <input checked="" type="radio"/> No | General Comment |  |
| 10                   |                                      | Yes / No   |                 |  |
| 11                   |                                      | Yes / No   |                 |  |
| 12                   |                                      | Yes / No   |                 |  |
| 13                   |                                      | Yes / No   |                 |  |
| 14                   |                                      | Yes / No   |                 |  |
| 15                   |                                      | Yes / No   |                 |  |
| 16                   |                                      | Yes / No   |                 |  |
| 17                   |                                      | Yes / No   |                 |  |
| 18                   |                                      | Yes / No   |                 |  |
| 19                   |                                      | Yes / No   |                 |  |
| 20                   |                                      | Yes / No   |                 |  |