

invited



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting
Tuesday, December 2, 2008
Austin, Texas

Registration forms MUST be turned in before the beginning of the meeting.

Please Print

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Community Mental Health initiatives —
and related legislative appropriations.
Written testimony submitted.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Danette Castle, ADDRESS: 8140 North Me... CITY: Austin STATE: TX ZIP: REPRESENTING: Texas Council of Community MH/MR Centers

Signature: [Handwritten Signature]

Date: 12-02-08

- To Comment:
1. Register by completing the form.
2. Turn the form in before the start of the meeting.
3. Wait for the chairman to call on you.
4. Limit your comments to three minutes.
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Summary of Comments:

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, and PHONE NUMBER, containing handwritten information for Clifford Gay.

Signature: [Handwritten Signature] Date: 12/02/08

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Summary of Comments:

Provider perspective Substance Abuse on Agenda

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, containing handwritten information for Cathy Brown.

Signature: Cathy Brown

Date: 12-2-08

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CONSUMER SPEAKER

Summary of Comments:

A STORY OF ADDICTION TREATMENT

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: STEVE HANSEN, ADDRESS: 627 Leach w Green TEL, CITY: Arlington, STATE: TX, ZIP: 76012, PHONE NUMBER: (817) 745-7728, REPRESENTING: ASAP

Signature: Steve Hansen

Date: 12/2/08

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Summary of Comments:

Intro - ASAI +
state wide C.D. services

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING, filled with handwritten information.

Signature: [Handwritten Signature]

Date: 12.02.2008

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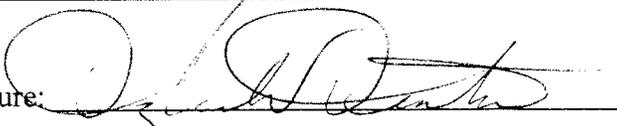
I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)):

Summary of Comments:

Registrant information:

Please PRINT clearly

NAME: Doug Denton		
ADDRESS: Homeward Bound		
PO Box 222194		
CITY: Dallas	STATE: TX	ZIP: 75222-2194
PHONE NUMBER: ()	REPRESENTING: ASAP	

Signature:  Date: _____

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Summary of Comments:

CRIMINAL JUSTICE COMMUNITY PROGRAMS

Registrant information:

Please PRINT clearly

NAME:	PETER T. WEISS		
ADDRESS:	10 STONE CREEK CT		
CITY:	LONGVIEW	STATE:	TX
ZIP:	75604		
PHONE NUMBER:	(903) 234-2306	REPRESENTING:	ASAP

Signature: P.T. WEISS

Date: 12/2/08

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Summary of Comments:

Registrant information:

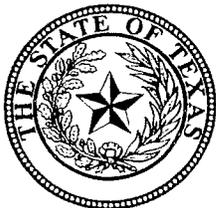
Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: PATRICK CLANCEY, ADDRESS: 222 E. Mitchell St., SAN ANTONIO, TX 78210, CITY: SAN ANTONIO STATE: TX ZIP: 78210.

Signature: Patrick M. Clancy

Date: 12/2/2008

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Summary of Comments:

Prevention

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Susan Erwin, ADDRESS: 38 Rambling Rd, CITY: Longview, STATE: TX, ZIP: 75604, PHONE NUMBER: (903) 247-9646, REPRESENTING: ASAP.

Signature: [Handwritten Signature]

Date: 12-2-08

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Summary of Comments:

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Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: DICK SPALDING, ADDRESS: 150 ORANGE ST., CITY: ABILENE, STATE: TX, ZIP: 79601, PHONE NUMBER: (325) 668-4152, REPRESENTING: Serenity House.

Signature: [Handwritten Signature]

Date: 2 Dec. 08

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Summary of Comments:

Women Services successes and concerns.

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Leonard Kincaid, ADDRESS: 4312 Dickson St, CITY: Houston, STATE: TX, ZIP: 77007, PHONE NUMBER: (281) 200-9331, REPRESENTING: ASAP.

Signature: Leonard Kincaid

Date: 12/2/08

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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) (Please list agenda title(s) or number(s)): #5 General Public Comment

Summary of Comments:

- DSHS consider realistic rate increases
- Evidence based services
- pay for unfunded services that are vital for sustaining a healthy lifestyle

Registrant information:

Please PRINT clearly

Form with fields for NAME: Ivonne Tapia, ADDRESS: 1111 Barranca, CITY: El Paso, STATE: TX, ZIP: 79935, PHONE NUMBER: (915) 762-4000, REPRESENTING: ASAP

Signature: [Handwritten Signature]

Date: 12/2/08

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Summary of Comments:

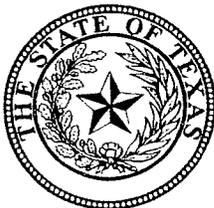
Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Lisa Paynor, 10435 Greenbaugh Suite 350, Stafford, TX, 77477, (817) 207-2400, and ASAP.

Signature: [Handwritten Signature] Date: _____

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Summary of Comments:

MH issues

Registrant information:

Please PRINT clearly

Registration form with fields for Name, Address, City, State, Zip, Phone Number, and Representing. Handwritten entries include: Name: Gyl Wadge, Address: 1210 San Antonio, City: Austin, State: TX, Zip: 78701, Phone Number: 512 454 3706, Representing: Mental Health.

Signature: Gyl Wadge

Date: 12-2-8 America of Texas

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