



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

**Registration and Request to Speak at the**

**Department of State Health Services Council Work Session  
Wednesday, February 23, 2011  
Austin, Texas**

**Registration forms MUST be turned in before the beginning of the meeting.  
Each registrant's comment time is limited to THREE minutes.**

*Please PRINT clearly*

I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s)

List agenda title(s) or number(s): 2a

Summary of Comments:

Registrant information:

*Please PRINT clearly*

NAME:	Sherri Layton		
ADDRESS:	P.O. Box 1		
CITY:	Hunt	STATE:	Tx
ZIP:	78024		
PHONE NUMBER:	830 2384222	REPRESENTING:	La Hacienda Trt Gr.

Signature: Sherri Layton Date: 2/23/11

- To Comment:**
1. Register by completing the form.
  2. Turn the form in before the start of the meeting.
  3. Wait for the chair to call on you.
  4. Limit your comments to three minutes.
  5. Individuals cannot accumulate time from other speakers.



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**List agenda title(s) or number(s):**

**Summary of Comments:**

Registrant information:

*Please PRINT clearly*

NAME: DAN BALLARD		
ADDRESS: 10137 OBGE DR		
CITY: HOUSTON	STATE: TX	ZIP: 77025
PHONE NUMBER: (832) 664-7666 REPRESENTING: CENIKGA		

Signature: *Dan Ballard*

Date: *2/23/11*

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List agenda title(s) or number(s): 2. a.

Summary of Comments: Addressing a concern regarding proposed rule changes relative to therapeutic communities.

Registrant information:

*Please PRINT clearly*

NAME: Raymond Waller
ADDRESS: 4487 CR 342
CITY: Tomball STATE: TX ZIP: 76556
PHONE NUMBER: (713) 266-9944 REPRESENTING: Cenikor Foundation

Signature: Ray A Waller Date: 2/23/11

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I wish to appear before the Department of State Health Services Council to speak on the following agenda topic(s) *Rules Concerning the regulation of Chemical Dependency Treatment*  
List agenda title(s) or number(s): *2 (a)*

Summary of Comments: *General remarks regarding need for restraint in creating new and/or need to repeal existing and/or proposed rules.*  
Registrant information:

*Please PRINT clearly*

NAME: <i>Hollis B. Hill</i>		
ADDRESS: <i>1164 Juanita Rd</i>		
CITY: <i>Longview</i>	STATE: <i>TX</i>	ZIP: <i>75605</i>
PHONE NUMBER: <i>(903) 236-0305</i> REPRESENTING: <i>Community Healthcare</i>		

Signature: *Hollis B. Hill*

Date: *2/23/2011*

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List agenda title(s) or number(s):

2A Chemical Dependency Rules

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 Poyner, 3118 Red Cliff, Sugar Land, TX, 77479, 281 435 1145, Association of Substance Abuse Programs.

Signature: [Handwritten Signature]

Date: 2/23/2011

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