



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council Meeting LAR Stakeholder Mts
Thursday, June 14, 2012
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. (Please complete a separate form for each agenda topic on which you wish to provide comments):

Summary of Comments:

GENERAL LAR RECOMMENDATIONS

Registrant information:

Please PRINT clearly

Form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include Clifford Gray, 1123 Honeysuckle Vine Dr., Rosenberg, TX, 77460, 713-655-1059, and SELF.

Signature:

Handwritten signature of Clifford Gray

Date:

10/14/2012

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.



TEXAS DEPARTMENT OF STATE HEALTH SERVICES

Registration and Request to Speak at the

Department of State Health Services Council
Legislative Appropriations Request Stakeholder Meeting
Thursday, June 14, 2012
Austin, Texas

Please turn in registration form at the beginning of the meeting.
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Registrant information:

Please PRINT clearly

Registration form fields: NAME: Joe Lovelace, ADDRESS: 8140 mopac, CITY: Austin STATE: TX ZIP: 78759, PHONE NUMBER: 512 784-9268 REPRESENTING: Texas Council of Community Centers

Topic: Legislative Appropriation Request

Signature: Joe Lovelace

Date: 6/14/2012

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TEXAS ASSOCIATION
COMMUNITY CENTERS



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Registrant information:

Please PRINT clearly

Registration form with fields for Name, Address, City, State, ZIP, Phone Number, and Representing. Handwritten entries include: Name: Eduardo Olivarez, Address: 511 East 15th St Mission TX 78572, Phone Number: (956) 452-1772, Representing: Texas Assos. of...

Topic: Public Health funding Local Health Officials
Signature: [Handwritten Signature] Date: 6-14-12 (TALHO)

To Comment:

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Registrant information:

Please PRINT clearly

Registration form with handwritten entries: NAME: Bing Burton, ADDRESS: 535 S. Loop 288, CITY: Denton STATE: TX ZIP: 76205, PHONE NUMBER: (940) 349-2913 REPRESENTING: Denton Co. H.D. TALHO

Topic: Funding Requests

Signature: Bing Burton Date: 6-14-2012

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Director Denton
County Health
Ryle



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Registrant information:

Please PRINT clearly

Registration form fields: NAME: Kathryn Lewis, ADDRESS: 7800 Shoal Creek Blvd., CITY: Austin STATE: TX ZIP: 78757, PHONE NUMBER: (512) 757-7816 REPRESENTING: Disability Rights Texas

Topic: Mental Health

Signature: [Handwritten Signature] Date: 6/14/12

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Registrant information:

Please PRINT clearly

NAME:	Cathy Brown				
ADDRESS:	8150 W. Central Expressway #1600				
CITY:	Dallas	STATE:	TX	ZIP:	75206
PHONE NUMBER:	972-887-0726	REPRESENTING:	ASAP		

Topic: LAR

Signature: Cathy Brown Date: 6-14-12

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Registrant information:

Please PRINT clearly

NAME: Colleen Horton		
ADDRESS: 3001 Lake Austin Blvd.		
CITY: Austin	STATE: TX	ZIP: 78703
PHONE NUMBER: 512 471-2888 REPRESENTING: Hogg Foundation for		

Topic: Mental Health funding Mental Health

Signature: Colleen J. Horton Date: 6/14/12

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Registrant information:

Please PRINT clearly

NAME: GRIZICKI SPRINKLE		
ADDRESS: 2801 WINSTON CT		
CITY: AUSTIN	STATE: TX	ZIP: 78731
PHONE NUMBER: (512) 458-1888 REPRESENTING: TX AMBULANCE ASSOC.		

Topic: LAR

Signature: [Handwritten Signature] Date: 6/14/12

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Please PRINT clearly

NAME: <u>Douglas Denton</u>		
ADDRESS: <u>4315 Swiss Avenue</u>		
CITY: <u>Dallas</u>	STATE: <u>TX</u>	ZIP: <u>75204</u>
PHONE NUMBER: <u>(214) 566 0143</u> REPRESENTING: <u>ASAP</u>		

Topic: Substance Use Disorder LAR

Signature: Date: 6-14-12

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Registrant information:

Please PRINT clearly

NAME: JULIE WISDOM-WILD		
ADDRESS: 300 E. MULBERRY		
CITY: SAN ANTONIO	STATE: TX	ZIP: 78212
PHONE NUMBER: 210.735.3822 REPRESENTING: ASAP		

Topic: funding for substance use disorder

Signature: Julie Wisdom-Wild Date: 6/13/ 6/14/2012

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Please PRINT clearly

NAME: Leonard Kincaid		
ADDRESS: 4305 Dickson St		
CITY: Houston	STATE: TX	ZIP: 77007
PHONE NUMBER: (281) 201-9331 REPRESENTING: The Council on Alcohol & Drugs Houston		

Topic: Support for Substance Abuse Prevention + Treatment

Signature: Leonard Kincaid Date: 6/14/12

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Please PRINT clearly

NAME: <u>Joseette Saxton</u>		
ADDRESS: <u>811 Trinity St A</u>		
CITY: <u>Austin</u>	STATE: <u>TX</u>	ZIP: <u>78701</u>
PHONE NUMBER: <u>(512) 473-2274</u> REPRESENTING: <u>Texans Care for children</u>		

Topic: _____

Signature: [Signature] Date: 6-14-12

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Please PRINT clearly

NAME:	Lisa Paynor		
ADDRESS:	21334 Winding Path way		
CITY:	Richmond	STATE:	TX
ZIP:	77406		
PHONE NUMBER:	(201) 435-1145	REPRESENTING:	ASAP

Topic: Substance Abuse Increased funding

Signature: Lisa Paynor

Date: 06/14/2012

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NAME: Ginny Stafford		
ADDRESS: 120 S. Main		
CITY: Victoria	STATE: TX	ZIP: 77901
PHONE NUMBER: 361-575-7842	REPRESENTING: CEO Mid Coast Family Services	

Topic: _____

Signature: _____ Date: _____

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Registration form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Belinda CARLTON; ADDRESS: 7201 30 Congress Olton #600; CITY: AUSTIN; STATE: TX; ZIP: 78741; PHONE NUMBER: 512; REPRESENTING: TX Council for Developmental Disabilities.

Topic: LAR 437-5414 DISABILITIES

Signature: Belinda Carlton Date: 6-14-2012

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Registration form with handwritten entries: NAME: Bill Bailey, ADDRESS: 1111 Katy Freeway Suite 500, CITY: Houston STATE: TX ZIP: 77079, PHONE NUMBER: (713) 266-9944 REPRESENTING: Canikor Foundation

Topic: Treatment Services

Signature: [Handwritten Signature] Date: 6/14/2012

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Please PRINT clearly

NAME:	Brian Neal, M.D.				
ADDRESS:	2006 S. Loop 336 W. #500				
CITY:	CONROE	STATE:	TX	ZIP:	77304
PHONE NUMBER:	(713) 870-6328	REPRESENTING:	Aspire Hospital		

Topic: Telemental Health Services

CEO:

Mental Health

Signature: BNeal

Date: 6/14/12

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NAME:	Gyl Switzer				
ADDRESS:	01210 San Antonio Dr, Ste 200				
CITY:	Austin	STATE:	TX	ZIP:	78733
PHONE NUMBER:	613 4543706	REPRESENTING:	Mental Health America of Texas		

Topic: MH funding

Signature: Gyl Switzer Date: 6-14-12

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Please PRINT clearly

NAME: James Gray		
ADDRESS: 2604 Greenlawn Parkway		
CITY: Austin STATE: TX ZIP: 78757		
PHONE NUMBER: (671) 350-7157 REPRESENTING: American Cancer Society		

Topic: LARs

Signature:

Date: June 14, 2012

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NAME: <u>Stacie Hansen</u>		
ADDRESS: <u>627 Loch N Green TRAIL</u>		
CITY: <u>Arlington</u>	STATE: <u>TX</u>	ZIP: <u>76010</u>
PHONE NUMBER: <u>(817) 897-770</u>		REPRESENTING: <u>ASAP</u>

Topic: Substance Abuse

Signature: Stacie Hansen Date: 6/14/12

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Please PRINT clearly

NAME:	Randall Ellis		
ADDRESS:	1415 California		
CITY:	Houston	STATE:	TX
ZIP:	77006		
PHONE NUMBER:	(832) 202 4723	REPRESENTING:	Legacy Community Health

Topic: HIV medication program

Signature: Randall Ellis Date: 6-14-12

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Registration form with fields for NAME, ADDRESS, CITY, STATE, ZIP, PHONE NUMBER, and REPRESENTING. Handwritten entries include: NAME: Joel Romo, ADDRESS: 10900-B Stone Lake Blvd, Ste. 320, CITY: Austin, STATE: TX, ZIP: 78759, PHONE NUMBER: (512) 338-2438, REPRESENTING: American Heart Assoc. for

Topic: LAR - Chronic Disease & Tobacco

Signature: [Handwritten Signature] Date: 6-14-12

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Registration form with handwritten entries: NAME: TERRY COWAN, ADDRESS: 2525 Wallingwood Blkg 5, CITY: Austin STATE: Tx ZIP: 78746, PHONE NUMBER: (12) 328-8518 REPRESENTING: ASAP

Topic: Ask the Leg for additional 500 dollars to save the state money.

Signature: [Handwritten Signature] Date: 6-14-2012

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