

Committee Name: JWMHS

Public Hearing on: SB 617 Date: 6-15-2015

Please register if you wish to testify on the above named measure/issue. **Please print legibly.**

Name and Organization or County of Residence <b>PLEASE PRINT LEGIBLY</b>	Phone # (Optional)	Do you live more than 100 miles from this meeting location?		Position			Are you submitting written testimony?	
		Yes	No	For	Against	Neutral	Yes	No
Ros & Ryan Oregon Self Advocacy Coalition						X		
Leslie Sutton Oregon Intellectual and Developmental Disabilities Coalition						X		
Anna Lansky DHS							X	
Jaime Daignault Oregon Developmental Disabilities Council						X		
Lynn Boose, ORA + Community Services Inc.						X		X