



Children, Families & Seniors Subcommittee

**Tuesday, January 26, 2016
8:00 AM – 11:00 AM
12 HOB**

Action Packet

**Steve Crisafulli
Speaker**

**Gayle B. Harrell
Chair**

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

Summary:

Children, Families & Seniors Subcommittee

Tuesday January 26, 2016 08:00 am

HB 979	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 128955 Adopted Without Objection		
HB 1235	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 068281 Adopted Without Objection		
	Amendment 433423 Adopted Without Objection		
	Amendment 519363 Adopted Without Objection		
HB 1299	Favorable With Committee Substitute	Yeas: 12	Nays: 1
	Amendment 365087 Adopted Without Objection		
	Amendment 451757 Failed to Adopt		
	Amendment 863919 Adopted Without Objection		
PCB CFSS 16-01	Favorable	Yeas: 11	Nays: 0
PCS for HB 1381	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/26/2016 8:00:00AM

Location: 12 HOB

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Gayle Harrell (Chair)	X		
Gwyndolen Clarke-Reed	X		
Bill Hager	X		
MaryLynn Magar	X		
Amanda Murphy	X		
Jeanette Nuñez	X		
Kathleen Peters	X		
Sharon Pritchett	X		
Ray Rodrigues	X		
Patrick Rooney, Jr.	X		
Cyndi Stevenson	X		
Victor Torres, Jr.	X		
Carlos Trujillo	X		
Totals:	13	0	0

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/26/2016 8:00:00AM

Location: 12 HOB

HB 979 : Behavioral Health Care Services

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager				X	
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett	X				
Ray Rodrigues	X				
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 979 Amendments

Amendment 128955

Adopted Without Objection

Appearances:

Strike All

Reeves, Dr. Jay (General Public) - Waive In Support
 Florida Council for Behavioral HealthCare
 CFO, Apalachee Center
 2634 Capital Circle NE
 Tallahassee FL 32308
 Phone: (850) 523-3213

Amendment

Fontaine, Mark (Lobbyist) - Waive In Support
 Florida Alcohol & Drug Abuse Association, Inc
 Executive Director
 2868 Mahan Dr
 Tallahassee FL 32308
 Phone: (850) 878-2196

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COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/26/2016 8:00:00AM

Location: 12 HOB

HB 979 : Behavioral Health Care Services (continued)

Appearances: (continued)

Lowrey, Thad (Lobbyist) - Waive In Support
Operation PAR
VP Governmental Relations
7720 Washington St, Ste 102
Port Richey FL 34668
Phone: (727) 992-8508

Akin, Jim (General Public) - Waive In Support
National Association of Social Workers - FL Chapter
1931 Dellwood Dr.
Tallahassee FL 32303
Phone: (850) 224-2400

Leifman, Steve (State Employee) - Waive In Support
Self
Associate Administrative Judge, 11th Judicial Circuit
1351 NW 12th St., Rm 617
Miami FL 33125
Phone: (305) 548-5394

Kelly, Natalie (Lobbyist) - Waive In Support
FL Association of Managing Entities
Executive Director
411 E College Ave
Tallahassee FL 32301
Phone: 850) 570-5747

Hendrickson, Dan (General Public) - Proponent
Big Bend Mental Health Coalition; North Florida Veterans Standown Legal component; NAMI Tallahassee
Chair, Advocacy Committee
319 E Park Ave PO Box 1201
Tallahassee FL 32301
Phone: (850) 570-1967

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance

Favorable With Committee Substitute

	Yea	Nay	No Vote	Absentee Yea	Absentee Nay
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett				X	
Ray Rodrigues			X		
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)	X				
Total Yeas: 11		Total Nays: 0			

HB 1235 Amendments

Amendment 068281

Adopted Without Objection

Amendment 433423

Adopted Without Objection

Amendment 519363

Adopted Without Objection

Appearances:

Reeves, Dr. Jay (General Public) - Waive In Support
 Florida Council for Behavioral HealthCare
 CFO, Apalachee Center
 2634 Capital Circle NE
 Tallahassee FL 32308
 Phone: (850) 523-3213

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee
1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance (continued)

Appearances: (continued)

Fontaine, Mark (Lobbyist) - Waive In Support
Florida Alcohol & Drug Abuse Association, Inc
Executive Director
2868 Mahan Dr
Tallahassee FL 32308
Phone: (850) 878-2196

Peters, Jacqueline (Lobbyist) - Waive In Support
Florida Housing Finance Corporation
Legislative Director
227 N Bronough St, Ste 5000
Tallahassee FL 32312
Phone: (850) 488-4197

Farmer, Dana (Lobbyist) - Waive In Support
Disability Rights Florida
Public Policy Director
2473 Care Drives, Ste 200
Tallahassee Florida 32308
Phone: (850) 617-9709

Anderson, Oscar (Lobbyist) - Waive In Support
Central Florida Commission on Homelessness
28 W Central Ave
Orlando FL 34786
Phone: (850) 671-4401

Rosenberg, Arthur (Lobbyist) - Waive In Support
Florida Legal Services
Attorney
3000 Biscayne Blvd
Miami FL 33137
Phone: (850) 509-2085

Harbin, Susan (Lobbyist) - Waive In Support
Florida Association of Counties
Legislative Advocate
100 S Monroe St
Tallahassee FL 32301
Phone: (850) 922-4300

Pound, Greg (General Public) - Information Only
Saving Families
9166 Sunrise Dr
Largo FL 33773

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1235 : Housing Assistance (continued)

Appearances: (continued)

Henderson, Jasmyne (Lobbyist) - Waive In Support

Palm Beach County
Attorney
1028 E Park Ave
Tallahassee FL 32308
Phone: (850) 216-1002

Cherry, Bryan (Lobbyist) - Waive In Support

Florida Coalition for the Homeless, Inc
Associate
205 S Adams St
Tallahassee FL 32301
Phone: (850) 544-5673

Koch, Karen (Lobbyist) - Waive In Support

Florida Supportive Housing Coalition
PO Box 11242
Tallahassee FL 32302
Phone: (850) 545-0818

Howat, Scott (Lobbyist) - Waive In Support

Orange County Public Schools
Sr Exec Director, Gov't Relations
445 W Amelia St
Orlando FL 32801
Phone: (407) 317-3200

McGarry, Neal (Lobbyist) - Waive In Support

Florida Certification Board
CEO
1715 S Gadsden St
Tallahassee FL 32301
Phone: (850) 222-6314

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1299 : Public Assistance

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett	X				
Ray Rodrigues	X				
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.		X			
Carlos Trujillo	X				
Gayle Harrell (Chair)	X				
Total Yeas: 12		Total Nays: 1			

HB 1299 Amendments

Amendment 365087

Adopted Without Objection

Amendment 451757

Failed to Adopt

Amendment 863919

Adopted Without Objection

Appearances:

Amendment

Rasmussen, Richard (Lobbyist) - Proponent
 Florida Hospital Association
 Vice President
 306 E College Ave
 Tallahassee FL 32312
 Phone: (850) 222-9800

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COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

HB 1299 : Public Assistance (continued)

Appearances: (continued)

Pound, Greg (General Public) - Information Only

Saving Families

9166 Sunrise Dr

Largo FL 33773

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

PCB CFSS 16-01 : Mental Health and Substance Abuse

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager				X	
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett	X				
Ray Rodrigues	X				
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo				X	
Gayle Harrell (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Appearances:

Reeves, Dr. Jay (General Public) - Proponent
 Florida Council for Behavioral HealthCare
 CFO, Apalachee Center
 2634 Capital Circle NE
 Tallahassee FL 32308
 Phone: (850) 523-3213

Fontaine, Mark (Lobbyist) - Proponent
 Florida Alcohol & Drug Abuse Association, Inc
 Executive Director
 2868 Mahan Dr
 Tallahassee FL 32308
 Phone: (850) 878-2196

Hendrickson, Dan (General Public) - Proponent
 Big Bend Mental Health Coalition; North Florida Veterans Standown Legal component; NAMI Tallahassee
 Chair, Advocacy Committee
 319 E Park Ave PO Box 1201
 Tallahassee FL 32301
 Phone: (850) 570-1967

Kelly, Natalie (Lobbyist) - Information Only
 FL Association of Managing Entities
 Executive Director
 411 E College Ave
 Tallahassee FL 32301
 Phone: (850) 570-5747

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COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

PCB CFSS 16-01 : Mental Health and Substance Abuse (continued)

Appearances: (continued)

Leifman, Steve (State Employee) - Waive In Support

Self

Associate Administrative Judge, 11th Judicial Circuit

1351 NW 12th St., Rm 617

Miami FL 33125

Phone: (305) 548-5394

16-01a

Potter, George (General Public) - Information Only

Big Bend Mental health Coalition

9123 Blountstown hwy

Tallahassee FL 32301

Phone: (850) 321-8015

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

1/26/2016 8:00:00AM

Location: 12 HOB

PCS for HB 1381 : Treatment Programs

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Gwyndolen Clarke-Reed	X				
Bill Hager	X				
MaryLynn Magar	X				
Amanda Murphy	X				
Jeanette Nuñez	X				
Kathleen Peters	X				
Sharon Pritchett				X	
Ray Rodrigues			X		
Patrick Rooney, Jr.	X				
Cyndi Stevenson	X				
Victor Torres, Jr.	X				
Carlos Trujillo	X				
Gayle Harrell (Chair)	X				
Total Yeas: 11		Total Nays: 0			

Committee meeting was reported out: Tuesday, January 26, 2016 10:59:31AM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Children, Families & Seniors

Bill Number: PCB CFSS 16-01

Meeting Date: 1-26-16

Date Received: _____

Place: 12 HOB

Date Reported: _____

Time: 8:00 AM

Subject: Mental Health + Substance Abuse

Committee/Subcommittee Action:

- Favorable
- Favorable w/ _____ amendments
- Favorable w/Committee/Subcommittee Substitute
- Other Action: _____

- Retained for Reconsideration
- Reconsidered
- Temporarily Postponed
- Unfavorable

Final Vote On Bill		MEMBERS								
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
✓		Clarke-Reed								
—		Hager								
✓		Magar								
✓		Murphy								
✓		Nunez								
✓		Peters								
✓		Pritchett								
✓		Rodrigues								
✓		Rooney								
✓		Stevenson								
✓		Torres								
—		Trujillo								
✓		Harrell, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									

Hager -yes after roll call
Trujillo -yes after roll call

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 1235

Meeting Date: 1-26-16

Date Received: _____

Place: 12 HoB

Date Reported: _____

Time: 8:00 AM

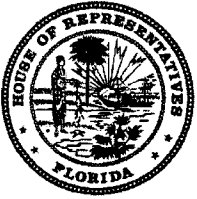
Subject: Housing Assistance

Committee/Subcommittee Action:

- | | |
|---|---|
| <input type="checkbox"/> Favorable | <input type="checkbox"/> Retained for Reconsideration |
| <input type="checkbox"/> Favorable w/ _____ amendments | <input type="checkbox"/> Reconsidered |
| <input checked="" type="checkbox"/> Favorable w/Committee/Subcommittee Substitute | <input type="checkbox"/> Temporarily Postponed |
| <input type="checkbox"/> Other Action: _____ | <input type="checkbox"/> Unfavorable |

Final Vote On Bill		MEMBERS	#1 068281		#2 433423		#3 519363		Yeas	Nays
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays		
✓		Clarke-Reed								
✓		Hager	Adopted w/o objection	Adopted w/o objection	Adopted w/o objection					
✓		Magar								
✓		Murphy								
✓		Nunez								
✓		Peters								
—		Pritchett								
—		Rodrigues								
✓		Rooney								
✓		Stevenson								
✓		Torres								
✓		Trujillo								
✓		Harrell, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
11	0									

Pritchett - yes after roll call



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: RB 14-01 Meeting Date: 1/24/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Mental Health & Substance Abuse

Committee/Subcommittee: H Children Families & Seniors

Name: Dr. Jay Reeve

Title: CEO, Apalachee Center

Address: 2634 Capital Circle NE

City: Tallahassee State/Zip: FL 32308

Phone Number: 850 / 523-3213

Representing: Florida Council for Behavioral Healthcare

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB CFSS 16-01 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: MENTAL HEALTH + Substance Abuse

Committee/Subcommittee: Children, Families, Seniors

Name: MARK FONTAINE

Title: Executive Director

Address: 2868 MAHAN Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196

Representing: FLORIDA Alcohol + Drug Abuse Assoc.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



41374464



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: N/A

Meeting Date: Jan 26 2016 8:00AM

PCB/PCS/Amendment # or 16-01
Presentation/Workshop Topic:

Committee/Subcommittee: Children, Families & Seniors Subcommittee

Name: Hendrickson, Dan

Title: chair, Advocacy Committee

Address: PO Box 1201, 319 E Park Ave

City: Tallahassee

State/Zip: FL 32301

Phone Number: 8505701967

Representing: Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component;
NAMI Tallahassee

Registered Lobbyist: No

State Employee: No

I Wish To Speak: Yes

I Have Been Requested To Speak: No

	Bill	Amendment
	Proponent	N/A

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB 16-01 Meeting Date: 1/20/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: MENTAL HEALTH / SUBSTANCE ABUSE

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: NANCIE KEUR

Title: EXECUTIVE DIRECTOR

Address: 411 E. COLLEGE AVE

City: TAMPA State/Zip: FL 32301

Phone Number: 850 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING ENGINEERS

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: PCB CFSS 16-01 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families & Seniors

Name: Judge Steven Leifman

Title: ~~135~~ Associate Administrative Judge, 11th Judicial Circuit

Address: 1351 NW 12th Street, Room 617

City: Miami State/Zip: FL 33125

Phone Number: _____

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

waive in support

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



68723416



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: N/A

Meeting Date: January 26, 2016 8:00 AM

PCB/PCS/Amendment # or 16-01a
Presentation/Workshop Topic:

Committee/Subcommittee: Children, Families & Seniors Subcommittee

Name: George Potter

Title:

Address: 9123 Blountstown hwy

City: Tallahassee State/Zip: FL

Phone Number: 850-321-8015

Representing: Big Bend Mental health Coalition

Registered Lobbyist: No

State Employee: No

I Wish To Speak: Yes

I Have Been Requested To Speak: No

	Bill	Amendment
	N/A	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 979 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Behavioral Healthcare Services

Committee/Subcommittee: H Children Families & Seniors

Name: Dr. Jay Reeve

Title: CEO, Apalachee Center

Address: 2634 Capital Circle NE

City: _____ State/Zip: Tallahassee FL 32308

Phone Number: 850/ 923 - 3213

Representing: Florida Council for Behavioral Healthcare

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Waine in support of strike ALL



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 979 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Behavioral Health

Committee/Subcommittee: Children, Families, Seniors

Name: MARK FONTAINE

Title: Executive Director

Address: 2868 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 878-2196

Representing: Florida Alcohol+Drug Abuse Assn.

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979 Meeting Date: 1.26-2016

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children Families & Seniors

Name: THAD LOWREY

Title: VP Governmental Relations

Address: 7726 Washington St. Suite 102

City: Port Richey State/Zip: FL 34668

Phone Number: 727-992-8508

Representing: OPERATION PAR

Registered Lobbyist: YES NO

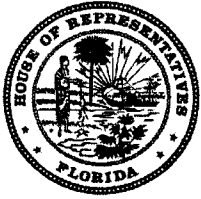
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 979 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: CHILDREN, FAMILIES + SENIORS Subcommittee

Name: JIM ATKIN

Title: EXECUTIVE DIRECTOR

Address: 1931 DELLWOOD DRIVE

City: TALLAHASSEE State/Zip: 32303

Phone Number: 850-224-2400

Representing: NATIONAL ASSOCIATION OF SOCIAL WORKERS - FLORIDA CHAPTER

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families & Seniors

Name: Judge Steven Leifman

Title: Associate Administrative Judge, 11th Judicial Circuit

Address: 1351 NW 12th Street, Room 617

City: Miami State/Zip: FL 33125

Phone Number: _____

Representing: self

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

waive in support

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 979 Meeting Date: 1/26/18

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: BAKER ACT

Committee/Subcommittee: CHILDREN, FAMILIES & SENIORS

Name: NATALIE KELLY

Title: EXECUTIVE DIRECTOR

Address: 411 E. OLIVER AVENUE

City: TALLAHASSEE State/Zip: FL 32301

Phone Number: 850 570-5747

Representing: FLORIDA ASSOCIATION OF MANAGING ENTITIES

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

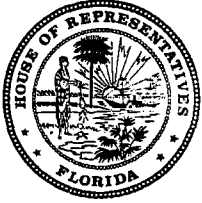
I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: 979

Meeting Date: Jan 26 2016 8:00AM

PCB/PCS/Amendment # or Presentation/Workshop Topic: N/A

Committee/Subcommittee: Children, Families & Seniors Subcommittee

Name: Hendrickson, Dan

Title: chair, Advocacy Committee

Address: PO Box 1201, 319 E Park Ave

City: Tallahassee State/Zip: FL 32301

Phone Number: 8505701967

Representing: Big Bend Mental Health Coalition; North Fla Veterans Standdown Legal component; NAMI Tallahassee

Registered Lobbyist: No

State Employee: No

I Wish To Speak: Yes

I Have Been Requested To Speak: No

	Bill	Amendment
Proponent		N/A

Spoke



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1/26/14

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Housing

Committee/Subcommittee: H Children Families Seniors

Name: Dr. Jay Reese

Title: CEO Apalachnee Center

Address: 2634 Capital Circle NE

City: Tallah State/Zip: FL 32308

Phone Number: 850/523-3213

Representing: Florida Council for Behavioral Healthcare

Registered Lobbyist: YES NO

State Employee: YES NO

waine in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1235 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Housing Assistance

Committee/Subcommittee: Children, Families + Seniors

Name: MARC FONTAINE

Title: Executive Director

Address: 2868 MARTIN DRIVE

City: TALLAHASSEE State/Zip: FL 32308

Phone Number: 878-2196

Representing: Florida Alcohol + Drug Abuse Association

Registered Lobbyist: YES NO

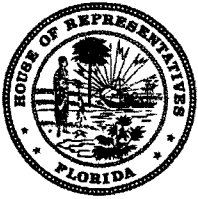
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1235 Meeting Date: 1/26/14

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families, Senior Subcommittee

Name: Jacqueline Peters

Title: Legislative Director

Address: 227 N. Bronough St., Suite 5000

City: Tallahassee State/Zip: FL 32312

Phone Number: 850 488 4197

Representing: Florida Housing Finance Corporation

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **HB 1235 : Housing Assistance** Meeting Date: **Jan 26 2016 8:00AM**

PCB/PCS/Amendment # or Presentation/Workshop Topic: **N/A**

Committee/Subcommittee: **Children, Families & Seniors Subcommittee**

Name: **Farmer, Dana**

Title: **Public Policy Director**

Address: **2473 Care Drives, Suite 200**

City: **Tallahassee** State/Zip: **Florida 32308**

Phone Number: **8506179709**

Representing: **Disability Rights Florida**

Registered Lobbyist: **Yes**

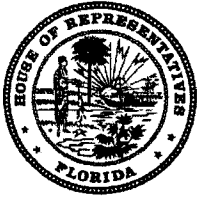
State Employee: **No**

I Wish To Speak: **No**

I Have Been Requested To Speak: **No**

	Bill	Amendment
Proponent		N/A

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: CHILDREN & FAMILIES

Name: OSCAR ANDERSON

Title: _____

Address: 28 W. CENTRAL AVE

City: ORLANDO State/Zip: FL 32786

Phone Number: _____

Representing: CENTRAL FLORIDA COMMISSION ON HOMELESSNESS

Registered Lobbyist: YES NO

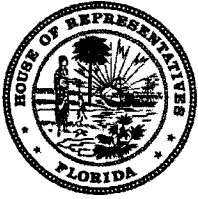
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: ~~#~~ Housing Assistance

Committee/Subcommittee: Children Families

Name: Arthur Rosenberg

Title: Attorney

Address: 3000 Biscayne Blvd,

City: Miami State/Zip: FL 33137

Phone Number: 850-509-2085

Representing: Florida Legal Services

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: housing assistance

Committee/Subcommittee: Children, Families, Seniors

Name: Susan Harbin

Title: Legislative Advocate

Address: 100 S. Monroe

City: Tallahassee State/Zip: FL

Phone Number: _____

Representing: Florida Association of Counties

Registered Lobbyist: YES NO

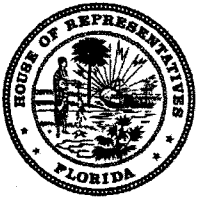
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1/25/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Housing

Committee/Subcommittee: _____

Name: Greg Rood

Title: _____

Address: 9166 Sunrise Dr

City: Largo Fla. State/Zip: 33273

Phone Number: _____

Representing: Saving Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

State



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 01/26/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Housing Assistance

Committee/Subcommittee: Children, Family & Seniors Subcommittee

Name: Jasmyne Henderson

Title: Attorney

Address: 10795 East Park Avenue

City: Tallahassee State/Zip: Florida, 32308

Phone Number: (904) 216-1002

Representing: Palm Beach County

Registered Lobbyist: YES NO

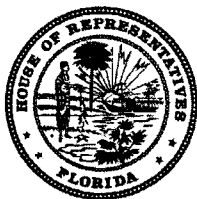
State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent	<input checked="" type="checkbox"/>	Opponent	<input type="checkbox"/>
Info Only	<input type="checkbox"/>	Info Only	<input type="checkbox"/>

WJS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families & Seniors

Name: Bryan Cherry

Title: Associate

Address: 205 S. Adams St.

City: Tallahassee State/Zip: Fl. 32301

Phone Number: _____

Representing: FL. Coalition for the Homeless

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

w/s



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1235 Meeting Date: 1/26/2016

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Housing Assistance

Committee/Subcommittee: CFSS

Name: Karen Koch (Cook)

Title: Ex. Director

Address: P.O. Box 11242

City: Tallahassee State/Zip: FL 32302

Phone Number: 850-545-0818

Representing: Fl. Supportive Housing Coalition

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: HB 1235 Meeting Date: 1-26-16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Housing Assistance

Committee/Subcommittee: Children Families + Seniors

Name: Scott Howat (Howit)

Title: Sr Exec Dir, Govt Relations

Address: 445 W. Amelia St

City: Orlando State/Zip: FL 32801

Phone Number: 407-317-3208

Representing: Orange County Public Schools

Registered Lobbyist: YES NO

State Employee: YES NO

Waive in Support

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

WFS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1235 Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: HB-1235

Committee/Subcommittee: _____

Name: Neal McBarry

Title: CEO

Address: 1715 S. Gadsden Street

City: Tallahassee State/Zip: 32301

Phone Number: 850-222-6314

Representing: Florida Certification Board

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

W/S



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1299 Amendment Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families + Seniors

Name: Rich Rasmussen

Title: Vice President

Address: 306 E. College Ave

City: Tallahassee State/Zip: 32312

Phone Number: 850-222-9800

Representing: FIA Hospital Assn

Registered Lobbyist: YES NO

State Employee: YES NO

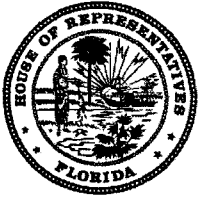
SUPPORT Murphy amendment ON 1299

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input checked="" type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

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COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: 1299 Meeting Date: 1/26/16

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: _____

Committee/Subcommittee: D.C.F.

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fla. 33773

Phone Number: _____

Representing: Saving families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

SPK