



Children, Families & Seniors Subcommittee

**Wednesday, November 18, 2015
3:30 PM – 5:30 PM
12 HOB**

Action Packet

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

Summary:

Children, Families & Seniors Subcommittee

Wednesday November 18, 2015 03:30 pm

HB 259	Favorable With Committee Substitute	Yeas: 7	Nays: 4
	Amendment 366965 Adopted Without Objection		
HB 269	Favorable	Yeas: 11	Nays: 0
HB 403	Favorable With Committee Substitute	Yeas: 11	Nays: 0
	Amendment 965725 Adopted Without Objection		
	Amendment 076693 Adopted Without Objection		
HB 4037	Favorable	Yeas: 11	Nays: 0

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

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:	11	0	2

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 259 : Guardianship

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: 7		Total Nays: 4			

HB 259 Amendments

Amendment 366965

Adopted Without Objection

Appearances:

HB 259

Rose, Megan - Waive In Support
 Safe Families for Children
 Executive Director
 3947 Del Prado S.
 Cape Coral FL
 Phone: (941) 286-9515

HB 259

Brown, Andrew - Waive In Support
 Foundation for Government Accountability
 Senior Fellow
 15275 Collier Blvd., Ste. 201-279
 Naples FL 34119
 Phone: (239) 244-8808

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 259 : Guardianship (continued)

Appearances: (continued)

HB 259

Pound, Greg - Information Only

Pinellas County Florida Government Corruption

9166 Sunrise Dr.

Largo FL 33773

HB 259

Pitts, Brian - Opponent

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Children, Families
& Seniors

Bill Number: 259

Meeting Date: 11-18-15

Date Received: _____

Place: 12 HOB

Date Reported: _____

Time: 3:30 pm

Subject: Guardianship

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	³⁶⁶⁹⁶⁵ Strike All							
Yea	Nay		Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
	✓	Clarke-Reed								
✓		Hager								
✓		Magar M RE								
	✓	Murphy								
✓		Nunez								
✓		Peters								
	✓	Pritchett								
✓		Rodrigues								
		Rooney								
✓		Stevenson								
	✓	Torres								
		Trujillo Truhayo								
✓		Harrell, Chair								
Yeas	Nays	TOTALS	Yeas	Nays	Yeas	Nays	Yeas	Nays	Yeas	Nays
7	4									

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 269 : Services for Veterans and their Families

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:

HB 269

Bishop, III Barney (Lobbyist) - Waive In Support
 Florida Smart Justice Alliance
 President and CEO
 204 S. Monroe St, Suite 214
 Tallahassee FL 32301
 Phone: (850) 577-3032

HB 269

McKeown, Georgia (Lobbyist) - Waive In Support
 Florida Alliance of Information & Referral Services
 President, GA McKeown & Associates
 113 E. College Ave., #303
 Tallahassee FL 32301
 Phone: (904) 303-1611

HB 269

Mitchell, Travis (Lobbyist) - Waive In Support
 Crisis Center of Tampa Bay
 Lobbyist with Louis Betz & Associates
 PO Box 274108
 Tampa FL 33688
 Phone: (386) 299-7298

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 269 : Services for Veterans and their Families (continued)

Appearances: (continued)

Pitts, Brian - Information Only

Justice-2-Jesus

1119 Newton Ave. S.

St. Petersburg FL 33705

Phone: (727) 897-9291

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 269

Meeting Date: 11-18-15

Date Received: _____

Place: 12 HoB

Date Reported: _____

Time: 3:30 pm

Subject: Services for Veterans + Their Families

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									

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 403 : Guardianship

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 403 Amendments

Amendment 965725

Adopted Without Objection

Amendment 076693

Adopted Without Objection

Appearances:

HB 403 - Amendment #965725
 Cherry, Bryan (Lobbyist) - Waive In Support
 Aging Solutions and Office of the Public Guardian, Inc.
 Associate
 205 South Adams Street
 Tallahassee FL 32301
 Phone: (850) 205-0885

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM

House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 403

Meeting Date: 11-18-15

Date Received: _____

Place: 12 HOB

Date Reported: _____

Time: 3:30 pm

Subject: Guardianship

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	# 1 ^{9/65725}		# 2 ^{7/6093}		Yeas	Nays	Yeas	Nays	
Yea	Nay		Yeas	Nays	Yeas	Nays					
✓		Clarke-Reed									
✓		Hager	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										

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

HB 4037 : Licensure of Facilities and Programs for Persons with Developmental Disabilities

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: Wednesday, November 18, 2015 6:02:15PM

**House of Representatives
COMMITTEE/SUBCOMMITTEE BILL ACTION WORKSHEET**

Committee/Subcommittee: Children, Families & Seniors

Bill Number: 4037

Meeting Date: 11-18-15

Date Received: _____

Place: 12 HB

Date Reported: _____

Time: 3:30 pm

Subject: Licensure of Facilities + Programs for Persons with Developmental Disabilities

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									

COMMITTEE MEETING REPORT
Children, Families & Seniors Subcommittee

11/18/2015 3:30:00PM

Location: 12 HOB

Presentation/Workshop/Other Business Appearances:

Child Welfare

Shields, Tashana (General Public) - Information Only

Self

Former Foster Youth

3294 Nekoma Lane

Tallahassee FL 32304

Quality and Accountability in Out-of-Home Care

Smernoff, Megan (State Employee) (At Request Of Chair) - Information Only

OPPAGA

Legislative Policy Analyst

111 West Madison, Room 312

Tallahassee FL 32399-1475

Phone: (850) 717-0532

Quality and Accountability in Out-of-Home Care

Spudeas, Christina (Lobbyist) (At Request Of Chair) - Information Only

Florida's Children First, Inc

Executive Director

1801 University Dr., Ste. 3B

Coral Springs FL 33071

Phone: (954) 326-8923

Quality and Accountability in Out-of-Home Care

Markman, Sarah (At Request Of Chair) - Information Only

Family Support Services of North Florida

Vice President Operating Services

1300 Riverplace Blvd., Ste. 700

Jacksonville FL 32207

Phone: (904) 418-5825

Quality and Accountability in Out-of-Home Care

Bender, III Charles (At Request Of Chair) - Information Only

Place of Hope

Founding Executive Director

9078 Isaiah Lane

W. Palm Beach FL 33418

Phone: (561) 719-4896

Committee meeting was reported out: Wednesday, November 18, 2015 6:02:15PM



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: 259 Meeting Date: 11/18

Fill in appropriate information:

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

Committee/Subcommittee: children and families

Name: Megan Rose

Title: Executive Director

Address: 3947 Del Prado S.

City: Cape Coral State/Zip: FL

Phone Number: 941-280-9515

Representing: safe families for children

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/support



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 259 Meeting Date: 11/18/15

Fill in appropriate information:

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

Committee/Subcommittee: Children & Families

Name: Andrew Brown

Title: Senior Fellow

Address: 15275 Collier Blvd., Ste. 201-279

City: Naples State/Zip: FL / 34119

Phone Number: (239) 244-8808

Representing: Foundation For Government Accountability

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/support



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 259 Meeting Date: 11/18/15

Fill in appropriate information:

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

Committee/Subcommittee: Children, Families,

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: Fla. 33773

Phone Number: _____

Representing: Pinellas County Florida Government Corruption

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 checked="" 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: 259 Meeting Date: 11-18-2015

Fill in appropriate information:

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

Committee/Subcommittee: CFSS

Name: Brian Pitts

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL / 33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

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 checked="" 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: HB 269 Meeting Date: 18 Nov 15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Services for Veterans

Committee/Subcommittee: Children, Families & Seniors

Name: Barney Bishop III

Title: President & CEO

Address: 204 S. Monroe St., Ste. 214

City: Tall State/Zip: FL 32301

Phone Number: 577-3032

Representing: Fla. Smart Justice Alliance

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"/>	

Waived in support



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 269 Meeting Date: NOV 18 2015

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: _____

Committee/Subcommittee: Children, Families & Seniors

Name: Georgina McKeown

Title: President, GA McKeown & Associates

Address: 113 E. College Ave #303

City: Tallahassee State/Zip: FL 32301

Phone Number: 904 303 1611

Representing: FLORIDA Alliance of Information & Referral

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/ support



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: 269 Meeting Date: NOV 18, 2015

Fill in appropriate information:

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

Committee/Subcommittee: Children, Families & Seniors Subcom.

Name: TRAVIS MITCHELL

Title: lobbyst w/ Louis Betz & Associates, inc

Address: PO BOX 274105

City: Tampa State/Zip: FL 33607

Phone Number: 386-299-7298

Representing: Crisis Center of Tampa Bay

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/support



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: 269 Meeting Date: 11-18-2015

Fill in appropriate information:

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

Committee/Subcommittee: CFSS

Name: Brian Pitts

Title: Trustee

Address: 1119 Newton Ave S

City: St Petersburg State/Zip: FL/33705

Phone Number: 727/897-9291

Representing: Justice-2-Jesus

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 checked="" 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: 403 Meeting Date: 11/18/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: #965725

Committee/Subcommittee: Children, Families & Seniors

Name: Bryan Cherry

Title: Associate

Address: 205 S. Adams St.

City: Tallahassee State/Zip: FL. 32301

Phone Number: (950) 205-0885

Representing: Aging Solutions and Office of the Public Guardian Inc

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"/>	

waived in support

Not in Committee Room - Did not speak



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: 403 HB Meeting Date: 11/18/15

Fill in appropriate information:

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

Committee/Subcommittee: Children & Families

Name: Greg Ford

Title: _____

Address: 9100 Sunrise Dr

City: Largo State/Zip: Fla. 33773

Phone Number: _____

Representing: Pinellas County Florida Government Corruption

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 checked="" 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: N/A Meeting Date: 11/18/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: child welfare

Committee/Subcommittee: Children & Families

Name: Tashara Shields

Title: former foster youth

Address: 3094 Nehoma Lane

City: Tallahassee State/Zip: FL

Phone Number: _____

Representing: herself

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: NA Meeting Date: 11-18-15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Child welfare

Committee/Subcommittee: Children, Families, and Seniors

Name: Megan Smernoff

Title: Senior Legislative Analyst

Address: 111 W Madison St., Suite 312

City: Tallahassee State/Zip: FL | 32399

Phone Number: 850-717-0532

Representing: OPPAGA

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"/>	



Present

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: _____ Meeting Date: 11-18-15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: ACCOUNTABILITY & Quality / Foster & GP. Hrs

Committee/Subcommittee: Children, Families & ~~Elder~~ Seniors

Name: CHRISTINA SPUDEAS

Title: Exec. Dir.

Address: 1801 N. University Drive, Ste 3B

City: Coed Spring State/Zip: FL 33071

Phone Number: 954-796-0860

Representing: FLORIDA'S CHILDREN FIRST

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"/>	

Recorder



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: N/A Meeting Date: Nov. 18, 2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Quality & Accountability in Out-of-Home CARE

Committee/Subcommittee: Children, Families & Seniors

Name: SARAH MARKMAN

Title: VICE President Operating Services

Address: 1300 Riverplace Blvd Suite 700

City: Jacksonville State/Zip: FL 32207

Phone Number: 904 418 5825

Representing: Family Support Services of N. Florida

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"/>	



Holmes

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: _____ Meeting Date: 3-18-15

Fill in appropriate information:
PCB/PCS/Amendment # or Presentation/Workshop Topic: Quality and accountability in out-of-home care for children in the child welfare system

Committee/Subcommittee: Children, Families and Seniors Subcommittee

Name: Charles L. Bender III

Title: Founding Executive Director, Place of Hope

Address: 9078 Isaiah Lane

City: Palm Beach Gardens State/Zip: FL 33418

Phone Number: 561-719-4896

Representing: Place of Hope

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: _____ Meeting Date: 11/18/15

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Child Welfare

Committee/Subcommittee: HHS

Name: Jenn Petion

Title: Director of Community & Government Relations

Address: 5950 NW 1st Place, Ste. A

City: Gainesville State/Zip: FL 32607

Phone Number: 352.359.8169

Representing: Partnership for Strong 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"/>	

Did not speak