

# **07hr\_SC-PHSILTCP\_Appt\_Meyer\_pt01**



WISCONSIN STATE  
LEGISLATURE ...  
PUBLIC HEARING  
COMMITTEE RECORDS

**2007-08**

(session year)

**Senate**

(Assembly, Senate or Joint)

Committee on  
Public Health, Senior  
Issues, Long Term  
Care and Privacy


(SC-PHSILTCP)

(FORM UPDATED: 07/02/2010)

## COMMITTEE NOTICES ...

- Committee Reports ... **CR**
- Executive Sessions ... **ES**
- Public Hearings ... **PH**
- Record of Comm. Proceedings ... **RCP**

## INFORMATION COLLECTED BY COMMITTEE FOR AND AGAINST PROPOSAL ...

- Appointments ... **Appt**
-  **Name: Tanya L. Meyer**
- Clearinghouse Rules ... **CRule**
- Hearing Records ... bills and resolutions  
(**ab** = Assembly Bill)  
(**ar** = Assm. Resolution) (**ajr** = Assm. Joint Resolution)  
(**sb** = Senate Bill)  
(**sr** = Sen. Resolution) (**sjr** = Sen. Joint Resolution)

- Miscellaneous ... **Misc**

 **Details:**



**JIM DOYLE**  
GOVERNOR  
STATE OF WISCONSIN

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March 9, 2007

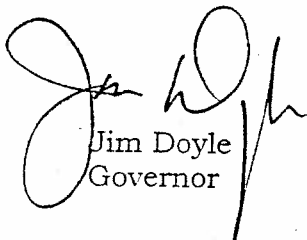
Ms. Tanya L Meyer  
W14697 Pine Road  
Gleason, Wisconsin 54435

Dear Ms. Meyer:

I am pleased to reappoint you to the Board on Aging and Long Term Care, effective May 1, 2007. Your experience, knowledge, and dedication continue to be a true asset to my administration and a great benefit to the people of Wisconsin.

I look forward to working with you to find creative ways of delivering services and implementing positive change for the citizens of our state.

Sincerely,

  
Jim Doyle  
Governor

# TANYA L. MEYER

W14697 Pine Road  
Gleason, WI 54435  
(715) 873-3491 Home  
(715) 369-4545 Work  
(715) 360-0263 Cell

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## SUMMARY

I have devoted most of my professional career to serving the needs and procuring benefits for Elders and persons with disabilities. I have knowledge of a wide variety of programs designed to enhance the quality of life for those whom I serve, and wish to continue to expand my knowledge in this regard. I am familiar with many service programs, including, Title II, Title XVI, Title XIX, Title V, Title VI, and others. I am a strong advocate for the needs of all persons served within the realm of long term care. I have worked in settings that include Federal agencies, nursing homes, non-profit organizations, County and Tribal agencies.

## RELEVANT EXPERIENCE

### 02/28/2005 to Present

**Claims Representative**                      **Social Security Administration, Rhinelander, WI**  
Medicare, Title XVI and Title II disability and aging benefits procurement. Adjudicate claims according to Federal policy. Educate the public regarding Medicare and Social Security benefits, ensure correct benefits to the public in a timely manner, address various needs and programs based on claimant changes of circumstance, information, customer service, and referral.

### 2001-02/27/2005

**Outreach Services Director LdF Senior and Disabilities Service**                      **Lac du Flambeau, WI**  
Procurement and adjudication of State and Federal Grant funds in order to enhance and expand services. Supervise and direct programs designated through Tribal General funds including chore services, activities, and Tribal veteran services. Direct program service in accordance with USDA and State regulations, interpret regulations and provide services according to designated guidelines and budgets, develop budgets, supervise and train staff, educate public regarding services needs, and community involvement, develop outreach and case management services, assist with access to individual benefits and entitlements, and act as a liaison and committee member for State and County agencies.

### 1999-2001

**Care Consultant/Service Development Case Manager**                      **Lac du Flambeau Tribe, WI**  
Provide guidance, training, and program development services for all ages and disabilities for members of the Lac du Flambeau Tribe and others living and working on Tribal lands. Assist with SSI eligibility, perform client assessments, program development, grant writing, referral and planning, policy analysis and recommendations, and program integration with multiple agencies.

**1995-2000**

**Developmental Disabilities Case Manager Human Service Center, Rhinelander WI**  
Case management duties for developmentally disabled individuals. Duties included adjudication of funds for client needs, client assessment, coordination of client services, direct care staff training and ongoing education, management of representative payee accounts, completing mandated recertifications, documentation, Supplemental Security and Social Security benefits eligibility assistance, client advocacy and service development.

**1992-1995**

**QMRP Supervisor Petersen Health Care, Rhinelander, WI**  
Coordinated client care and services for a unit at an ICF-MR serving developmentally disabled adults. Duties included supervision and scheduling of direct care staff, supervision and training of QMRPs, interviewing and hiring unit staff, coordinating and performing staff and client training, client assessment, acting as a liaison between the agency and outside organizations and guardians, direct client care, adjudication of client funds for personal needs, and case monitoring and documentation.

**1988-1992**

**ADL Skill Supervisor/Case Manager Lincoln County 51.437 Services, Merrill, WI**  
Designed and implemented training programs as well as performing case management duties for developmentally disabled adults. Coordinated client services, orientated and trained support staff, client advocacy, completion of mandated paperwork.

**1987-1988**

**Assistant Program Coordinator March of Dimes, Schofield, WI**  
Planned and coordinated fund raising events for a non-profit agency. Contacted individuals for donations, scheduled locations and media representation for fund raising events, worked with media to broadcast public service announcements, and conducted training and recognition services for agency volunteers.

**1985-1987**

**In-House Relief Counselor Marshfield Medical Foundation, Marshfield, WI**  
Provided on demand counseling and referral services to Chronically Mentally Ill clients in a residential halfway house setting. Duties included counseling and referral to community agencies, charting, sharing pertinent information to other staff, provide activity programming to clients, housekeeping, cooking and general house maintenance.

## **EDUCATION, CERTIFICATIONS AND ACTIVITIES**

**BACHELOR OF SCIENCE UNIVERSITY OF WISCONSIN-STEVENS POINT**  
**MAJORS: Human Services Psychology/Organizational Communications**

**CERTIFIED SOCIAL WORKER**  
State of Wisconsin

**VOULUNTEER GRANTS WRITER**  
Rhinelander Food Pantry

**BOARD MEMBER**  
Wisconsin Board on Aging and Long-Term Care



**JIM DOYLE**  
**GOVERNOR**  
**STATE OF WISCONSIN**

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GOVERNOR'S APPOINTMENT

**NAME:** Tanya Meyer

**MAILING ADDRESS:** W14697 Pine Road  
Gleason, WI 54435

**E-MAIL ADDRESS:** tanya\_mom@hotmail.com

**RESIDES IN:** Gleason, WI

**TELEPHONE:** (715) 369-4545 (w)  
(715) 873-3491 (h)

**OCCUPATION:** Claims Representative  
Social Security Administration

**APPOINTED TO:** Board on Aging and Long Term Care  
public member

**TERM:** A term to expire May 1, 2012

**SUCCEEDS:** Herself

**SENATE CONFIRMATION:** Yes

**DATE OF APPOINTMENT:** May 1, 2007

**DATE OF NOMINATION:** March 9, 2007



## **HISTORY FOR MEYER, TANYA**

of Gleason, as a member of the Board on Aging and Long Term Care, to serve for the term ending May 1, 2012.

2007

- 03-30. S. Read and referred to committee on Public Health, Senior Issues, Long Term Care and Privacy.
- 04-05. S. Statement of Economic Interest Received.

# Statement of Economic Interests

Filed in 2007 for calendar year 2006 by

APR 2 2007

**Meyer, Tanya L.**

Aging and Long Term Care Board

Member

FOR EXPLANATIONS, EXAMPLES AND EXCEPTIONS SEE THE INSTRUCTIONS OR VISIT OUR WEBSITE AT <http://ethics.state.wi.us>.  
Still have questions? For priority service send an e-mail to: [ethics@ethics.state.wi.us](mailto:ethics@ethics.state.wi.us); otherwise leave a detailed message at (608) 266-8115.  
ATTACH ADDITIONAL PAGES AS NEEDED

## Part A

As of December 31, 2006

### 1. INVESTMENTS

**a) FUNDS AVAILABLE IN WISCONSIN DEFERRED COMPENSATION PROGRAM** These funds are available to participants in the Wisconsin Deferred Compensation program and many of them are also available for direct purchase, independent of that program. If you held an investment of \$5,000 or more in any of these funds – either directly or through the program – please check the appropriate box.

Profile Series	\$50,000 or less	More than \$50,000	Small Cap	\$50,000 or less	More than \$50,000	Bond	\$50,000 or less	More than \$50,000
Vanguard Retirement 2045 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Russell 2000 Index - Collective T	<input type="checkbox"/>	<input type="checkbox"/>	BGI US Debt Index Fund - Collective W	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2035 Fund	<input type="checkbox"/>	<input type="checkbox"/>	DFA US Micro Cap Fund	<input type="checkbox"/>	<input type="checkbox"/>	Federated US Government Securities 2-5yr	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2025 Fund	<input type="checkbox"/>	<input type="checkbox"/>	<b>Mid Cap</b>			Vanguard Long-term Investment Grade Adm	<input type="checkbox"/>	<input type="checkbox"/>
Vanguard Retirement 2015 Fund	<input type="checkbox"/>	<input type="checkbox"/>	BGI Mid Cap Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	<b>Money Market</b>		
Vanguard Target Retirement Income Fund	<input type="checkbox"/>	<input type="checkbox"/>	T Rowe Price Mid Cap Growth Fund	<input type="checkbox"/>	<input type="checkbox"/>	Vanguard Admiral Treasury Money Market	<input type="checkbox"/>	<input type="checkbox"/>
<b>International</b>			<b>Large Cap</b>			<b>Fixed Returns for the Quarter</b>		
American Funds Euro Pacific R5	<input type="checkbox"/>	<input type="checkbox"/>	Calvert Social Investment Equity I	<input type="checkbox"/>	<input type="checkbox"/>	Stable Value Fund	<input type="checkbox"/>	<input type="checkbox"/>
BGI EAFE Equity Index - Collective W	<input type="checkbox"/>	<input type="checkbox"/>	Fidelity Contra Fund	<input type="checkbox"/>	<input type="checkbox"/>	FDIC Bank Option	<input type="checkbox"/>	<input type="checkbox"/>
			Vanguard Institutional Index Fund Plus	<input type="checkbox"/>	<input type="checkbox"/>			
			Vanguard Wellington Fund - Admiral	<input type="checkbox"/>	<input type="checkbox"/>			

**b) OTHER INVESTMENTS** List stocks, bonds, limited partnerships, Wisconsin governmental securities, and mutual and money market funds in which you and your family's interest was valued at \$5,000 or more.

#### MUTUAL OR MONEY MARKET FUND

(check one) \$50,000 or less More than \$50,000

#### STOCKS/OPTIONS/FUTURES

(check one) \$50,000 or less More than \$50,000

Wausau Paper

#### BONDS

(check one) \$50,000 or less More than \$50,000

#### LIMITED PARTNERSHIPS

(check one) \$50,000 or less More than \$50,000



**WISCONSIN GOVERNMENTAL SECURITIES**

(check one) \$50,000 or less More than \$50,000

**2. BUSINESS ACTIVITIES** List businesses, farms, rental, commercial, and income-producing real estate; and business activities in which you or your family had at least a 10% or greater interest.

a) Enterprise(s) operating under a business or trade name, list here.

Name of business Municipality or Town County State Describe nature of business

b) Enterprise(s) NOT operating under a business or trade name, list here.

Name of business Municipality or Town County State Describe nature of business

**3. COMMERCIAL CUSTOMERS, CLIENTS, AND TENANTS** For each unincorporated business, subchapter S corporation, service corporation (SC), limited liability company (LLC), partnership, or income-producing real estate reported in Item 2, list businesses, organizations, and lobbyists that paid the enterprise \$1,000 or more in calendar year 2006.

Check if the organization authorized you to represent it in its dealings with others as an attorney-at-law, agent, spokesperson, or representative.

Businesses, organizations, lobbyists that were customers, clients, or tenants City State "✓"

**4. BUSINESS PARTNERS** For each enterprise reported under Item 2, list its co-owners, partners, officers, and directors (other than yourself), unless the information is already registered with the Wisconsin Department of Financial Institutions.

Business Partners, or officers and directors City State

**5. NON-COMMERCIAL REAL ESTATE** List the specific location of WISCONSIN REAL ESTATE in which you or your family had an interest (except your principal residence and real estate whose location you already listed in item 2).

Location of property Street address or fire number Municipality or town County Nature of interest (e.g. own, lease, option, easement, land contract)  
Hwy 161-120 acres Helvetia Waupaca own

**6. OFFICERS AND DIRECTORS** List organizations of which you or a family member was an officer or director (unless already listed in item 2).

Business or organization	City	State	Position
Wisconsin Bear Hunters Association	Rhineland	WI	Board Member

**7. AGENT, REPRESENTATIVE OR SPOKESPERSON** List organizations that authorized you or a family member to represent them in their dealings with others as an attorney-at-law, agent, spokesperson, or representative (unless already listed in item 2, 3 or 6).

Business or organization	City	State
Wisconsin Bear Hunters Association		

**8. CREDITORS** List creditors to which you or your family owed \$5,000 or more. (check one)

Creditor	City	State	\$50,000 or less	More than \$50,000
Household Credit Services	The Lakes	NV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Peoples State Bank	Rhineland	WI	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Associated Bank/Citibank	Souik Falls	SD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>

**Part B**

For calendar year 2006

**9. EMPLOYERS** List your and your family's EMPLOYERS (\$1,000 or more of income) in 2006.

Name of employer (if State of Wisconsin, also identify agency or institution)	City	State	Nature of employer's business
<del>Lac du Flambeau Tribe</del>	<del>Lac du Flambeau</del>	<del>WI</del>	<del>Tribal agency</del>
Social Security Administration	Rhineland	WI	Government Agency
Wausau-Mosinee Paper Corp	Rhineland	WI	Paper mill

**10. ADDITIONAL SOURCES OF INCOME** List other sources from which you or your family received income of \$1,000 or more in 2006.

Source of income	City	State
State of WI - Department of Workforce Development	Madison	WI

**11. ENTERTAINMENT AND GIFTS** List individuals and organizations that provided you with entertainment or gifts (more than \$50) in 2006.

Name of provider	City	State

**12. HONORARIA AND EXPENSES** List, for 2006, sources of honoraria and payment of expenses related to your state government duties (more than \$50) not previously reported to the Ethics Board.

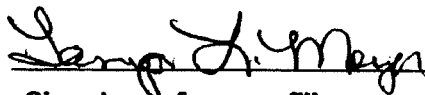
Payer	Approximate value of expenses	Amount of honorarium	Circumstances of receipt

**FILING NOTES -or- COMMENTS**

*If we saw an opportunity to clarify a prior report, we added comments or filing tips below. Please review any comments and make the appropriate corrections.*

**CERTIFICATION**

I have read the accompanying instructions and certify that the information contained in this Statement of Economic Interests is true, complete, and correct to the best of my knowledge, information, and belief. If any part has been left blank, I have done so intentionally because there is nothing to report.



Daytime phone # ~~(715) 588-9027~~ 715-369-4545 ext 109

3-26-07

tanya\_mom@hotmail.com

Signature of person filing

Date

E-mail address

The information sought in this form is required by §§19.43 and 19.44, *Wisconsin Statutes*. Failure to file a completed form may result in a forfeiture of up to \$500. Statements of Economic Interests are open for public inspection. The Ethics Board will notify you of the identity of any person who examines your Statement. In accordance with §15.04(1)(m), *Wisconsin Statutes*, the Ethics Board states that no personally identifiable information is likely to be used for purposes other than those for which it is collected.

Mail or fax to: Wisconsin Ethics Board, 44 E. Mifflin St., Suite 601, Madison, WI 53703-2800; Fax: (608) 264-9319

*Eth 1 Personalized. For use in 2007*