

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/83

BILL NO. AB 133

OR

SUBJECT Family Care

Savage Mullins
(NAME)

3001 Memorial
(Street Address or Route Number)

Madison WI 53704
(City and Zip Code)

Ageta Lautner
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/94

BILL NO. 133

OR

SUBJECT Long Term

Jan Stock
(NAME)

465 Maryland Dr
(Street Address or Route Number)

San Francisco 94118
(City and Zip Code)

AAA RP
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against: Long Term Case

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-24-94

BILL NO. AB133

OR

SUBJECT Long Term Care

Polascio - Family Care
Cherity Eism
(NAME)

210 Martin Luther King Blvd
(Street Address or Route Number)

Madison WI 53709
(City and Zip Code)

Dave Knuff
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. AB133

OR

SUBJECT Family Care

Mike Collins

(NAME)

1277 Meadowlark

(Street Address or Route Number)

Sun Prairie 53570

(City and Zip Code)

Miss Assisted Living Assoc.
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: March 24 '99

BILL NO. AB133

OR

SUBJECT Family Care

DAVID B. SAUERBRATE and
TOM FRAZIER

(NAME)

2609 ABBOTT DRIVE
(Street Address or Route Number)

MADISON 53713
(City and Zip Code)

AAFP WVH&
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. AB133

OR

SUBJECT Family Care

Beth Christis for

Laurate Group

(NAME)

1805 Kensington Dr
(Street Address or Route Number)

Waukesha 53186
(City and Zip Code)

Laurate Group
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: March 24 1999

BILL NO. Budget Bill
OF

SUBJECT Offshore FamilyCare
in present form
Frances Bicknell

(NAME) 9 Beach St

(Street Address or Route Number) Madison 533905

(City and Zip Code) Madison
(Representing) Adison Soc. of WI

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information Written testimony
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 03-24-99

BILL NO. CIRP 100PP Funks
OF

SUBJECT W & WNT The
WOMEN TO FOLLOW
The Perss to Community

(NAME) 5 EFTER 5011/504

(Street Address or Route Number) 2707A KPSLER LANE

(City and Zip Code) Madison 53713
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. _____
OF

SUBJECT Health, etc
~~Frank Foster~~
Tom Frasier Stoughton

(NAME) 5900 Monna Dr. #400

(Street Address or Route Number) Madison 53716

(City and Zip Code) and AARP
(Representing) Coalition of WI Agencies

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 24 MARCH 99

BILL NO. _____
OR _____
SUBJECT BUDGET BRIEF (DMA)

MR. TIM BLAVER
(NAME)
2400 WAUGH ST
(Street Address or Route Number)

MADISON WI 53708
(City and Zip Code)
DEPT. OF MILITARY AFFAIRS
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. _____
OR _____
SUBJECT 1999-01 BUDGET

STEVEN J. BENDRICK
(NAME)
2400 WRIGHT ST
(Street Address or Route Number)

MADISON 53704
(City and Zip Code)
DEPT. OF MILITARY AFFAIRS
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. Budget Bill
OR _____
SUBJECT Oppose Funding

Does not presently

Proposed
(NAME)
Marjorie Halverson
(Street Address or Route Number)

11 Oaklawn St
(City and Zip Code)
Madison, WI 53705
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. Budget

OR
SUBJECT _____

(NAME) Bert Gunn

(Street Address or Route Number) _____

(City and Zip Code) _____

(Representing) PSC

Speaking in Favor:

Speaking Against:

Registering in Favor: _____

but not speaking:

Registering Against: _____

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. _____

OR
SUBJECT Budget Bill -

Federal Reserve Commissioner

(NAME) Dr. M. Beil

(Street Address or Route Number) _____

(City and Zip Code) Madison WI 53702

(Representing) Federal Reserve Commissioner

Speaking in Favor:

Speaking Against:

Registering in Favor: _____

but not speaking:

Registering Against: _____

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-24-99

BILL NO. _____

OR
SUBJECT _____

(NAME) Bob Deist

(Street Address or Route Number) _____

(City and Zip Code) Madison 53714

(Representing) Boys Reimbursement for Personal Care

Speaking in Favor:

Speaking Against:

Registering in Favor: _____

but not speaking:

Registering Against: _____

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. _____

OR

SUBJECT Family Care

Grubbs bill

DALE BRUNN

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing) of Olympia Women's Club

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-24-99

BILL NO. Budget

OR

SUBJECT Family Care

Ellen Reberhorst

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/24/99

BILL NO. _____

OR

SUBJECT Budget Bill

Energy Related Issues

Forrest Ceel

(NAME)

(Street Address or Route Number)

(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8/99

BILL NO. _____
OR _____

SUBJECT ~~_____~~
HES-83, Licenses fees

(NAME) Bockground's
Long Term Care

(Street Address or Route Number)

3038 Maple Dr.

(City and Zip Code)

La Crosse, Wis.

(Representing) La Crosse, Corp. Assisted Living Assoc

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-7-99

BILL NO. _____
OR _____

SUBJECT Family Care
HES-83, Grimbacker's

(NAME) Kim Lonnor

(Street Address or Route Number)

1311 4th Avenue

(City and Zip Code)

Onalaska WI

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. Badger Bill
OR _____

SUBJECT Health Care
Hospital Insurance

(NAME) Peter A. Reshok

(Street Address or Route Number)

2 East Madison St.

(City and Zip Code)

Madison 53703

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. _____

OR

SUBJECT Horne Health / Family Care

Stephanie Benz

(NAME)

2204 German Ct.

(Street Address or Route Number)

Onalaska WI 54650

(City and Zip Code)

La Crosse County Health Dept

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8/99

BILL NO. _____

OR

SUBJECT POS Mandate

Patrick Killen

(NAME)

2129 King St.

(Street Address or Route Number)

La Crosse 54601

(City and Zip Code)

Gundersen Lutheran Health Plan

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99 Clark?

BILL NO. _____

OR

SUBJECT Budget B.11

Frank DeBorja

(NAME)

614 So Rock

(Street Address or Route Number)

Onalaska, WI 54665

(City and Zip Code)

Bethel Home v SOS

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8

BILL NO. _____

OR

SUBJECT _____

*- TOBACCO #
- LEAD POISONING
- DENTAL CARE
- WIA
- PUBLIC HEALTH
FUNDING*

Doug Morrison

(NAME)

2116 VINIE

(Street Address or Route Number)

LACROSSE WI 54601

(City and Zip Code)

LACROSSE COUNTY HEALTH

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8/99

BILL NO. _____

OR

SUBJECT _____

Gov. Budget & Health Care Expend

Jack M. Lockhart, MD

(NAME)

1836 S. AVE

(Street Address or Route Number)

LACROSSE WI

(City and Zip Code)

State Med. Society of WI

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. _____

OR

SUBJECT _____

Governor's Budget

Jim Efte

(NAME)

3501 Park Lane Dr

(Street Address or Route Number)

Lacrosse WI 54601

(City and Zip Code)

Residents of Staff of American Health

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. _____

OR

SUBJECT Biennial Budget

Chock Wilbeco

(NAME)

709 OTTAWA TR

(Street Address or Route Number)

MADISON

(City and Zip Code)

Dept of HEALTH & FAMILY SVC

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. _____

OR

SUBJECT POS MANDATE

THOMAS M. LYNCH

(NAME)

WISCONS INNSBRUCK RD

(Street Address or Route Number)

WEST SALEM WI 54689

(City and Zip Code)

GREATER LAKEONE HEALTH PLAN

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-8-99

BILL NO. _____

OR

SUBJECT Public Hearings

Nurses Home Budget

MICHAEL O. KITLERSON

(NAME)

P O BOX 202

(Street Address or Route Number)

BELLEVUE WI

(City and Zip Code)

Grand View Care Center

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-9-99

BILL NO. _____

OR

SUBJECT Medical Assistance

Personal Care Under Service

Arthur R. Kober

(NAME)

3045 N. 6th St

(Street Address or Route Number)

Wauwau WI 54403

(City and Zip Code)

WVA Home Health

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/9/99

BILL NO. _____

OR

SUBJECT MA. water fee

Personal Care Workers

Levi S. Hanson

(NAME)

565 Pine St

(Street Address or Route Number)

Meelford WI 54451

(City and Zip Code)

Wisconsin Homecare Org.

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/9/99

BILL NO. _____

OR

SUBJECT TRUST CAMPAIGN -

TOBACCO SETTLEMENT

LOW NEUMANN

(NAME)

1111 N 10th St

(Street Address or Route Number)

WAUSAU, WI 54403

(City and Zip Code)

All Public Health Assoc.

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8/99

BILL NO. _____

OR

SUBJECT Wage Pass Through

Peggy Jones
(NAME)

1111 Wisconsin Court
(Street Address or Route Number)

Wausau, WI 54401
(City and Zip Code)

Wausau Mayor
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/8/99

BILL NO. _____

OR

SUBJECT Emily Bire

Peggy Jones
(NAME)

1111 Wisconsin Court
(Street Address or Route Number)

Wausau, WI 54401
(City and Zip Code)

Wausau Mayor
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Favor continued p. 107
Speaking for information
only; Neither for nor against:

Please return this slip to a messenger PROMPTLY.

Senate Sergeant-At-Arms
State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: March 9, 1999

BILL NO. _____

OR

SUBJECT Tobacco Settlement

Judy Dmerick
(NAME)

151 Ethel St
(Street Address or Route Number)

Wausau WI 54403
(City and Zip Code)

Wausau to Health Dept
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information
only; Neither for nor against:

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State Capitol - B35 South
P.O. Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/9/99

BILL NO. _____
OR
SUBJECT 2000-2001 Budget

Senate Committee on Health, Veterans & Public Safety

HARRY POKORNY
(NAME)

1902 TEMPERANCE ST.
(Street Address or Route Number)

PLOUE R, WI 57467
(City and Zip Code) Coalition of Aging People County Council of Wisconsin
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/9/99

BILL NO. _____
OR
SUBJECT State Budget Bill

Ann Boltz
(NAME)

435 Pine Ridge Blvd.
(Street Address or Route Number)

Wausau WI 54401
(City and Zip Code)

Community Health Care, Inc.
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/9/99

BILL NO. _____
OR
SUBJECT Family Care

Wase Press - Approval for
Mr. Alf Engler
Wase & Her Members

1019 E. Wausau Ave
(Street Address or Route Number)

Wausau WI 54403
(City and Zip Code)

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

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Senate Sergeant-At-Arms
State Capitol - B35 South
P.O.Box 7882
Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/22/99

BILL NO. _____
OR
SUBJECT COP/CIP Funding

↳ see reverse

(NAME) Steve Nooyen

(Street Address or Route Number) 1171 Drews Dr.

(City and Zip Code) De Pere WI 54115

(Representing) Home Instead Senior Care

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-9-99

BILL NO. _____
OR
SUBJECT STATE BUDGET

POS Provision

(NAME) KEN PETERSON

(Street Address or Route Number) 2000 WEST WOOD AVE

(City and Zip Code) WAUSAU WI 54401

(Representing) WAUSAU BUSINESS COS

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-9-99 has 10am meeting to get to

BILL NO. _____
OR
SUBJECT STATE BUDGET

POS Provision

(NAME) ANDY FRANKEN

(Street Address or Route Number) 2000 WESTWOOD AVE

(City and Zip Code) WAUSAU WI

(Representing) WAUSAU BNS. COS

Speaking in Favor:

Speaking Against:

Registering in Favor:
but not speaking:

Registering Against:
but not speaking:

Speaking for information only; Neither for nor against:

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WA1115 10 SENATE

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-22-99

BILL NO. _____

OR

SUBJECT Health Care

Donna Bunker
(NAME)

1555 Dorrman St.
(Street Address or Route Number)

Green Bay Wis. 54303
(City and Zip Code)

Green Bay Nursing Center
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/22/99

BILL NO. _____

OR

SUBJECT TRUST

Tobacco Reduction Using

The Settlement
(NAME) Paula Lintner

112 Schauer Ave
(Street Address or Route Number)

Green Bay 54304
(City and Zip Code)

American Heart Assoc. Bellin Hosp.
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-22-99

BILL NO. _____

OR

SUBJECT Family Long Term

Care Red.

Jeff Matzke
(NAME)

2241 Swanstone Circle
(Street Address or Route Number)

De Pere WI 54115
(City and Zip Code)

Unity Hospice
(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/22/99

BILL NO. _____
OR _____

SUBJECT Committee on Health,

Utilities, Veterans & Military

Appears
Jim Cornelius

(NAME)
1130 Fish Creek Rd

(Street Address or Route Number)
De Pere WI 54115

(City and Zip Code)
Debra Tribe

(Representing)
Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

FAMILY CARE
Speaking for information

Only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3/22/99

BILL NO. _____
OR _____

SUBJECT Family Care/Long

Term Care for Elderly

Monica Johnson

(NAME)
824 Woodside Dr

(Street Address or Route Number)
Seymour WI 54165

(City and Zip Code)
Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

adding funding for transportation, car
Speaking for information

Only; Neither for nor against:

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Madison, WI 53707-7882

SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-23-99

BILL NO. _____
OR _____

SUBJECT Long Term

Care

Aileen Schwartz

(NAME)
159 Apple Tree Ct

(Street Address or Route Number)
Wausau WI

(City and Zip Code)
Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information

Only; Neither for nor against:

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SENATE HEARING SLIP

(Please Print Plainly)

DATE: March 24th 1999

BILL NO. AB 133/SB 45

OR

SUBJECT Confirmation Hearing
and Budget Briefing

Secretary to be heard
(NAME)

(Street Address or Route Number)

(City and Zip Code)

DHFS

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-22-99

BILL NO. _____

OR

SUBJECT Family Care

Romer Roste RA46
(NAME)

(Street Address or Route Number)

(City and Zip Code)

De Pere WI 54115

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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State Capitol - B35 South
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SENATE HEARING SLIP

(Please Print Plainly)

DATE: 3-22-99

BILL NO. _____

OR

SUBJECT Family Care,
in-home services for

elderly, AECSP funds -
(NAME) Alzheimer's

(Street Address or Route Number)

(City and Zip Code)

W175 Old Sather's Rd
Denmark WI 54208

(Representing)

Speaking in Favor:

Speaking Against:

Registering in Favor:

but not speaking:

Registering Against:

but not speaking:

Speaking for information only; Neither for nor against:

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SENATE
ASSEMBLY HEALTH COMMITTEE
MARCH 24, 1999 PUBLIC HEARING
AB 133 TESTIMONY

JAYNE F. MULLINS
AGING & LONG TERM CARE SPECIALIST
AGEADVANTAGE AREA AGENCY ON AGING
3601 MEMORIAL DRIVE
MADISON, WI 53704

I am employed by AgeAdvantAge which is a non-profit area agency on aging that provides technical assistance and support to 25 county aging units in western and southern Wisconsin and the Ho-Chunk Nation tribal aging unit. I am an advocate, first and foremost, for programs that support older adults, their families, and caregivers.

I come before you this afternoon to lend support to Family Care. Over the past year I have participated in several of the workgroups that developed various aspects of the proposal you have before you. Probably the most satisfying of those experiences was being a part of the *Quality in Resource Centers* workgroup. Out of this workgroup came a set of policy recommendations that would promote the individual choice that is the heart of Family Care. Among these recommendations are eight desired outcomes for Resource Centers. They include:

1. People use the services of the Resource Center
2. People are treated with dignity and respect.
3. People receive information and assistance to get what they need.
4. People are enabled to make informed choices.
5. People's rights are protected in the Resource Center.
6. People are linked to Family Care when eligible.
7. People receive early intervention and prevention services through the Resource Center as needed.
8. People have a strong role in program and policy development.

Each of these points has multiple standards and measures applied to them that will be the shared responsibility of DHFS, local long term care committees, and each Resource Center. They are important factors to keep in mind as this proposal is discussed statewide.

If Family Care is indeed to be a program that allows for individual choice, a system that truly responds to the diverse needs of consumers, then the grassroots advocacy out of which community based care grew must allow for local long term care committee involvement. I would like to recommend that you consider restoring the Long Term Care Councils with

the recommended 51% consumer participation. This part of the original proposal was what assured aging advocates and their agencies' respective boards and advisory committees that grassroots involvement and consumer choice would be guaranteed in Family Care.

The proposal also allowed for **two year** CMO pilots; but, **four years** is a more realistic period of time that would allow counties to develop a quality-driven organization that responds to the needs and desires of consumers.

We need to remember that what Family Care is really all about is your mom and mine having real choice about what services they may need and where they want to receive them. I know that my mom wants to keep her slippers parked under the same bed she shared with her husband for almost fifty years. For her, there is no place like home.

Thank you for your time.