Committee: House Appropriations Committee Date: 3-31-2009
Bill #(s) 2009-10 DCH Budget (HB 4436)

Wish to Speak:
- [x] Yes
- [ ] No

- [x] Support Bill
- [ ] Oppose Bill
- [ ] Neutral

Time Needed: _____

Please leave a copy of any prepared statement with the committee clerk

Name: Robert Stein
Representing: Michigan Assisted Living Association
Address: 15441 Middlebelt
City: Livonia State: MI Zip: 48154
Phone: 734-525-2400 Email: rstein@miassistedliving.org

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Committee: House Appropriations Date: 3-31-09
Bill #(s) _____

Wish to Speak:
- [ ] Yes
- [ ] No

- [ ] Support Bill
- [ ] Oppose Bill
- [ ] Neutral

Time Needed: _____

Please leave a copy of any prepared statement with the committee clerk

Name: Michael Head
Representing: Mich Dept of Community Health
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Phone: 517-335-0196 Email: HEAD@Michigan.gov

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Committee: House Appropriations Date: 3-31-09
Bill #(s) HB 4436

Wish to Speak:
- [ ] Yes
- [ ] No

- [ ] Support Bill
- [ ] Oppose Bill
- [ ] Neutral

Time Needed: _____

Please leave a copy of any prepared statement with the committee clerk

Name: Susan Kangos
Representing: Department of Community Health
Address: Lewis Cass Building - 4th Floor
City: Lansing State: MI Zip: _____
Phone: 517-241-1196 Email: kangass1@michigan.gov

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