



RICK SCOTT
GOVERNOR

Better Health Care for all Floridians

ELIZABETH DUDEK
SECRETARY

Assisted Living Workgroup - 2012

Request to Provide Comment or Testimony Form

We appreciate your attendance at the Assisted Living Workgroup meetings, and would be very interested in any comments you would like to share, or testimony you might wish to deliver before the workgroup.

To request a time for testimony at the following meeting, submit it in one of the following ways: (1) in writing at the meeting via the form below (2) by email to ALFWG@ahca.myflorida.com or (3) in writing through the US Mail to the address listed below.

Division of Health Quality Assurance
Attn: Beth Eastman
Agency for Health Care Administration
2727 Mahan Drive, MS # 16
Tallahassee, Florida 32308
Fax: (850) 488-1261

Time and duration of public testimony may be limited based on the number of speakers. If we are unable to accommodate all who wish to comment, we will maintain a record of your specific request for future consideration. **PLEASE NOTE THAT ALL SUBMITTED COMMENTS ARE CONSIDERED PUBLIC RECORD.**

Anyone needing further information, or special accommodations under the Americans with Disabilities Act of 1990 (for example, Braille or large print documents, sign language interpreter services, or closed-captioning) should contact the Agency for Health Care Administration at (850) 412-4304. Special Accommodations requests under the Americans with Disabilities Act should be made by contacting (850) 412-4339 or by email at Isabelle.Ashe@ahca.myflorida.com. If you are hearing or speech impaired, please contact the agency using the Florida Relay Service, 1(800)955-8771 (TDD) or 1(800)955-8770 (Voice).

Name: _____

Affiliation or Interest: _____

Email: _____

Phone Number: _____

I would like to do the following (indicate with a below):

Submit written comments for consideration by the workgroup.	Request to provide public testimony before the workgroup.

(OVER FOR COMMENTS)

