Agenda Item :

PALM BEACH COUNTY
BOARD OF COUNTY COMMISSIONERS
BOARD APPOINTMENT SUMMARY

Revised

Meeting Date:	September 15, 2009
Department: _	Community Services
Advisory Boar	d: PBC Citizens Advisory Committee on Health & Human Services

#### I. EXECUTIVE BRIEF

**Motion and Title: Staff recommends motion to approve:** reappointment of five (5) members to the Palm Beach County Citizens Advisory Committee on Health and Human Services for a three (3) year term as indicated:

Nominee	Category/Seat No.	Term Expire	Nominated by:
Thomas A. Arnedos	Health Services/Seat 1	10/01/2009-9/30/12	Comm. Marcus Comm. Taylor
			Comm. Koons
Cynthia R. Smith	Human Services/Seat 4	10/01/2009-9/30/12	Comm. Marcus
			Comm. Taylor
			Comm. Koons
Debby Walters	Human Services/Seat 5	10/01/2009-9/30/12	Comm. Marcus
	v.		Comm. Taylor
		•	Comm. Koons
Barbara Jacobowitz	Support Services/Seat 7	10/01/2009-9/30/12	Comm. Marcus
			Comm. Taylor
			Comm. Koons
Col. Michael G. Gauger	Support Services/Seat 10	10/01/2009-9/30/12	Comm. Marcus
			Comm. Abrams/
			Comm. Taylor
			Comm. Koons
			Comm. Vana
			Comm. Aaronson

**Summary:** The Citizens Advisory Committee on Health and Human Services consists of eleven (11) members with at least one (1) member being a resident west of the 20 Mile Bend and at least one (1) member being a representative of the Palm Beach County League of Cities. Founding members were appointed for 1, 2 and 3 year terms with subsequent terms for three (3) years. Resolution R-2001-0913 requires the Executive Committee of the Citizens Advisory Committee to solicit and recommend member nominations for transmittal to the Board of County Commissioners. The Board of County Commissioners was notified by memo dated July 31, 2009, when requested to provide nominations for appointment. Term dates reflect lapses in reappointments, which are being corrected by the item. Countywide (TKF)

#### Background and Justification: (continued on Page 2)

The Palm Beach County Citizens Advisory Committee on Health and Human Services was established in 1990. The Committee is currently charge with assisting the Board of County Commissioners in the assessment of need, planning, implementation and evaluation of a system of care, as defined in the Health and Human Services Element of the Palm Beach County Comprehensive Plan.

#### **Attachments**

"A" Resolution No. R-2001-0913

"B" Current Membership List

"C" Board Appointment Information Forms

Recommended by:

**Department Director** 

Date

Legal Sufficiency:

Assistant County Attorney

Date

#### Background and Justification: (continued from Page 1)

Further, the Committee has the responsibility to: 1) make recommendations on an annual basis during the Financially Assisted Agency funding process regarding services and funding priorities, outcomes and contract requirements; 2) create a forum for citizens participation; 3) make recommendations to the Land Use Advisory Board and Board of County Commissioners regarding amendments to the Health and Human Services Element of the Comprehensive Plan; 4) serve as a link to local and regional health and human service planning organizations; and 5) make recommendations on the collection of data necessary to analyzed the health and human service needs of the people of Palm Beach County. Chapter 9J-5, F.A.C. also requires "the local governing body and local planning agency to adopt procedures that provide for and encourage public participation in the planning process." The Citizens Advisory Committee on Health and Human Services has been designated to meet this requirement.

#### II. REVIEW COMMENTS

٦.	Other Department Review:							
	Department Director							

Agenda Item: 3E-4

Ms/M 6-0 A. abs

### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS

Meeting Date: 06/19/01 [X] Consent [] Regular [] Workshop [] Public Hearing

Department

Submitted By: Community Services

#### I. EXECUTIVE BRIEF

Motion and Title: Staff recommends motion to adopt: a Resolution of the Board of County Commissioners of Palm Beach County, Florida, Repealing and Replacing Resolutions R90-1978; R93-317; and R99-54, providing for the Citizens Advisory Committee on Health and Human Services (CAC/HHS).

Summary: At their April 12, 2001 regular meeting, the CAC/HHS approved the submittal of a revised resolution to the Board of County Commissioners for adoption. This resolution repeals, replaces, consolidates and clarifies the prior Resolutions. <u>Countywide</u> (TKF)

**Background and Justification:** The CAC/HHS established a Resolution Work Group to review Resolutions R90-1978; R93-317; and R99-54 to consolidate and clarify the three Resolutions into one Resolution. Resolution R90-1978 established the Citizens Advisory Committee on Health and Human Services. Resolution R93-317 amended Resolution R90-1978 to add advisory responsibility regarding the Financially Assisted Agency funding process. Resolution R99-54 amended Resolution R93-317 to reflect the change in name from the Florida Department of Health and Rehabilitative Services to the Florida Department of Children and Families and incorporates County changes in advisory board policies. The proposed Resolution brings all of these changes into one document and provides for clarity of function for the Citizens Advisory Committee on Health and Human Services.

Attachments:		
R2001-		
R99-54		
Recommended by:	Thurst I Sheet	6-1-2001
	Department Director	Date
Approved by:	Ja Creamin	4/5/01
	Assistant County Administrator	Date

#### II. FISCAL IMPACT ANALYSIS

Fiscal Years Capital Expenditures	<u>2001</u> <u>2002</u>	2003	<u>2004</u>
Operating Costs			
External Revenues			**************************************
Program Income (County)		<del></del>	<del></del>
In-Kind Match (County)			
NET EICCAL IMPACE			
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# ADDITIONAL FTE			
POSITIONS (Cumulative)		<u> </u>	
Is Item Included in Current I	Budget? Yes	No	
Budget Account No.: Fund	Agency	Org	Object
<b>.</b>	Reporting Category		· · · · · · · · · · · · · · · · · · ·
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B. Recommended Source	es of Funds/Summ:	ary of Fiscal Im	nact·
		ary or rescur in	huce.
No Fiscal Impact			
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C. Departmental Fiscal 1	Review: AEN H		and the William Control of the Contr
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	III. REVIEW (	COMMENTS	
A. OFMB Fiscal and/or	Contract Administ	ration Commer	i <b>ts:</b>
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B. Legal Sufficiency:			•
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Assistant County Atto	orney /		
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#### **RESOLUTION NO. R-2001-0913**

RESOLUTION OF THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, REPEALING AND REPLACING RESOLUTIONS R-90-1978, R-93-317 AND R-99-54; PROVIDING FOR THE CITIZENS ADVISORY COMMITTEE ON HEALTH AND HUMAN SERVICES

WHEREAS, Florida Statutes and the Florida Administrative Code recognize the importance of citizen participation in the development and evaluation of comprehensive plans; and

WHEREAS, the Board of County Commissioners of Palm Beach County, Florida, established the Citizens Advisory Committee on Health and Human Services on November 13, 1990 pursuant to Resolution R-90-1978; and

WHEREAS, Resolution R-90-1978 was subsequently amended by Resolutions R-93-317 and R-99-54; and

WHEREAS, there is a need to further amend the resolutions pertaining to the Citizens

Advisory Committee on Health and Human Services to more clearly define the committee's roles

and responsibilities; and

WHEREAS, consolidation of all resolutions pertaining to the Citizens Advisory

Committee on Health and Human Services will simplify future references.

NOW, THEREFORE, BE IT RESOLVED BY THE BOARD OF COUNTY COMMISSIONERS OF PALM BEACH COUNTY, FLORIDA, that:

I. Repeal and Replacement of Prior Resolutions: Resolutions R-90-1978 (dated November 13, 1990), R-93-317 (dated March 16, 1993) and R-99-54 (dated January 12, 1999) are hereby repealed and replaced with the following:

Section 1. Creation of the Palm Beach County Citizens Advisory Committee on

Health and Human Services There is hereby established an Advisory Committee to be known as the "Palm Beach County Citizens Advisory Committee on Health and Human Services" herein referred to as the "Committee."

Section 2. Mission Statement. The mission of the Committee shall be to assist the Board of County Commissioners in the assessment of need, planning, implementation and

evaluation of a System of Care, as defined in the Health and Human Services Element of the Palm Beach County Comprehensive Plan.

Section 3. Role and Responsibilities The Committee shall have the following roles and responsibilities:

- A. To make recommendations on the collection of data necessary to analyze the health and human service needs of the people of Palm Beach County.
- B. To create a forum for citizen participation for all phases of the Health and Human Services Element of the Palm Beach County Comprehensive Plan development and amendment process. Further, the Committee shall make recommendations to the Land Use Advisory Board (LUAB) and the Board of County Commissioners regarding amendments to the Health and Human Services Element of the Palm Beach County Comprehensive Plan, and shall review the implementation status of the Health and Human Service Element of the Comprehensive Plan on an annual basis.
- C. To create a forum for citizen participation, the Committee shall specifically provide for consumer, minority and affected party input on an issue by issue basis to allow for those affected to be involved in the Committee's activities.
- D. To make recommendations on an annual basis during the Financially Assisted

  Agency funding process regarding service and funding priorities, outcomes and contract
  requirements.
- E. To serve as a link to local and regional health and human service planning organizations. Linkages may include ex-officio member appointments of the Committee, participation in other agency planning processes, and multi-agency task forces to resolve specific problems. Further, all agencies and staff within the auspices of the Board of County Commissioners shall provide data, information and such support as reasonably required, and shall otherwise work in cooperation with the Committee in pursuing the Board of County Commissioner's health and human service goals, objectives and policies. The purpose of such linkages is to facilitate the Committee in achieving its mission.

- F. Submit an annual narrative report to the Board of County Commissioners on activities undertaken and accomplishments made during the preceding year.
- G. To perform such other duties as may be from time to time assigned by the Board of County Commissioners.

Section 4. Membership The Committee shall be comprised of eleven (11) members.

The total membership of the Committee shall, at a minimum, represent the components of the Health and Human Service System of Care: public health, physical health, behavioral health, developmental services, children and family services, adult and elderly services, education, recreation, workforce development, municipalities, business and economic development, planning/research & evaluation, transportation, and housing. All members must reside in Palm Beach County and have knowledge of at least one component of the System of Care.

Membership shall be representative of the racial, ethnic and geographic diversity of Palm Beach County. At least one member shall be a resident of west of 20 mile bend. At least one member shall be a representative of the Palm Beach County League of Cities.

A. Appointment. Members shall be appointed at large by the Board of County

Commissioners, and serve for staggered terms of three (3) years, but without limitation to
the total number of terms. Terms shall begin on October 1<sup>st</sup>, and end on September 30<sup>th</sup>.

B. Member Nominations. The nomination process shall begin ninety (90) days prior to
the expiration of a member's term, or immediately in the event of an unplanned vacancy.

The Board of County Commissioners shall be notified and requested to provide
nominations for committee appointment. The Palm Beach County Health Department
and the Palm Beach County League of Cities will each be requested to submit a
nomination. Nominees submitted by the Committee, the Palm Beach County League of
Cities, the Palm Beach County Health Department and individual Commissioners will be
transmitted to the Board of County Commissioners. An approved board appointment
form, with attached resume, must be completed for all nominees prior to transmittal.

C. <u>Ex-officio Members</u>. Ex-officio members may be appointed by a majority vote of the Committee, or as directed by the Board of County Commissioners, for the purpose of assisting the Committee in achieving its mission.

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- D. <u>Conflict of Interest</u>. Members shall be governed by the applicable provisions of the Palm Beach County Ethics Resolution (R-94-693), as may be amended.
- E. <u>Compensation</u>. Members shall receive no compensation for service, but may be entitled to travel reimbursement incurred only for travel outside Palm Beach County necessary to fulfill board member responsibilities and only when sufficient funds have been budgeted and when prior approval has been given by the Board of County Commissioners.
- F. Attendance. Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consecutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year. Participation for less than three-fourths of a meeting shall be the same as a failure to attend a meeting. Excused absences due to illness, absence from the county or personal hardship, if approved by a majority vote of the Committee, shall not constitute lack of attendance. Excused absences shall be entered into the minutes at the next regularly scheduled meeting. Members removed pursuant to this paragraph shall not continue to serve on the Committee and such removal shall create a vacancy.

Section 5. Officers A chair, vice-chair and 2<sup>nd</sup> vice-chair shall be elected by a majority vote of the Committee and shall serve for a term of one year, but not to exceed two consecutive terms in any one office. The duties of the chair shall be to:

- (A) Call committee meetings and organize the agenda for the same;
- (B) Preside at committee meetings;
- (C) Establish subcommittees, appoint subcommittee chairs, and charge subcommittee with specific tasks;
- (D) Serve as primary liaison with staff; and,
- (E) Perform other functions as the committee may assign.

The vice-chair or 2<sup>nd</sup> vice-chair shall perform the duties of the chair in the chair's absence and such other duties as the chair may assign.

If a vacancy occurs in any one of the offices, then the position shall be assumed by the next highest ranking officer for the remainder of the term. Any remaining vacancies shall be filled through a majority vote of the Committee.

Any officer may be removed from office by a majority vote of the Committee whenever the best interest of the Committee and public would be served.

Section 6. Meetings The Committee shall meet on a regular basis. A quorum must be present for the conduct of all regular meetings. A majority of the members appointed shall constitute a quorum. The chairperson may call a meeting or a meeting may be called upon the written request of three members.

A. <u>Subcommittees</u>. The Committee will conduct its business through one (1) standing sub-committee, the Executive Committee, and ad hoc sub-committees, work groups, and other appropriate forums as needed. The Executive Committee will consist of the Officers, the Immediate Past Chair, a representative whose residence is west of 20 mile bend and a representative of the Palm Beach County League of Cities. The purpose of the Executive Committee is to review and evaluate matters arising between regular Committee meetings, and to solicit and recommend member nominations for transmittal to the Board of County Commissioners. Ad hoc sub-committees shall be chaired by a Committee member.

B. <u>Conduct of Meetings</u>. All meetings shall be governed by Robert's Rules of Order and shall comply with the Sunshine Law. Reasonable public notice of all meetings shall be provided. All meetings of the Committee shall be open to the public at all times and minutes shall be taken at each meeting.

Section 7. Administration Professional staff for the Committee shall be provided through the Department of Community Services. To assure accurate record-keeping, the Department of Community Services shall also appoint a recording secretary to support the committee.

II. Effective Date The provisions of this resolution shall become effective upon approval by the Board of County Commissioners.

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The foregoing Resolution was offered by Commissioner Masilotti, who moved its adoption. The motion was seconded by Commissioner Marcus, and upon being put to a vote, the vote was as follows:

WARREN H. NEWELL, Chairman - Aye

CAROL A. ROBERTS, Vice-Chair - Aye

KAREN T. MARCUS - Aye

MARY McCARTY - Aye

BURT AARONSON - Absent

TONY MASILOTTI - :- Aye

ADDIE L. GREENE - Aye

The Chairman thereupon declared the Resolution duly passed and adopted this

19th day of <u>June</u>, 2001.

APPROVED AS TO FORM AND LEGAL SUFFICIENCY

PALM BEACH COUNTY, FLORIDA, BY ITS BOARD OF COUNTY COMMISSIONERS

DOROTHY H. WILKE

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### PALM BEACH COUNTY BOARD OF COUNTY COMMISSIONERS CITIZENS ADVISORY COMMITTEE ON HEALTH & HUMAN SERVICES

#### I. AUTHORITY:

Resolution No. R-90-1978, adopted November 13, 1990; amended by Resolution No. R-93-317; amended by Resolution No. R2001-0913, adopted on June 19, 2001.

#### II. APPOINTING BODY:

**Board of County Commissioners** 

#### III. COMPOSITION, QUALIFICATIONS, TERMS & REMOVAL:

This Committee shall consist of eleven (11) members which will represent the components of the Health and Human Service system of Care: public health, physical health, behavioral health, developmental services, children and family services, adult and elderly services; education, recreation, workforce development, municipalities, business and economic development, planning/research and evaluation, transportation and housing. All members must reside in Palm Beach County and have knowledge of at least one component of the System of Care. Membership shall be representative of the racial, ethic and geographic diversity of Palm Beach County. At least one member shall be a resident of west of 20 mile bend and at least one member shall be a representative of the Palm Beach County League of Cities. Members shall be appointed at -large by the Board of County Commissioners, and serve for staggered terms of three (3) years, but without limitation to the total number of items. Terms shall begin on October 1st and end on September 30th. Members shall be automatically removed for lack of attendance. Lack of attendance is defined as failure to attend three (3) consectutive meetings or failure to attend more than one-half of the meetings scheduled during a calendar year.

#### **EXTENDED COMPOSITION:**

#### IV. MEETINGS:

Second Thursday of the month, 8:30 a.m. at 810 Datura Street, West Palm Beach.

#### V. FUNCTIONS:

A) To make recomendations on the collection of data necessary to analyze the health and human service needs of PBC, B) To create a forum for citizen participation for all phases of the Health and Human Services Element of the PBC Comprehensive Plan development and amendment process. Also, make recommendations to the Land Use Advisory Board (LUAB) and the BCC regarding amendments to the Health & Human Services Element of the PBC Comprehensive Plan, and review the implementation status of the Health & Human Service Element of the Comprehensive Plan on an annual basis, C) To create a forum for citizen participation, to specifically provide for consumer, minority and affected parity input on an issue by issue basis to allow for those affected to be involved in the Committee's activities, D) To make recommendations annually during the Financially Assisted Agency process regarding service and funding priorities, outcomes and contract requirements, E) To serve as a link to local and regional health and human service planning organizations, F) Submit an annual narrative report to the BCC on activities undertaken and accomplishments made during the preceding year, and G) To perform other duties assigned by the BCC.



#### VI. LIAISON INFORMATION:

LIAISON DEPARTMENT

Community Services

**CONTACT PERSON** 

David Rafaidus

**ADDRESS** 

810 Datura St

West Palm Beach FL 33401 Phone # 561-355-4705



#### CITIZENS ADVISORY COMMITTEE ON HEALTH & HUMAN SERVICES

MORION	,	ROLE	RACE	BUSINESS /		APPOINT	RE-APPOINT	EXPIRE
SEAT ID	CURRENT MEMBER	TYPE	CODE	HOME PHONE	SEAT REQUIREMENT	DATE	DATE	DATE
Appointed B	y : AT Large							
. 1	Thomas Arnedos Palm Beach County Health Dept. 826 Evernia St West Palm Beach FL 33401	Member	EA	561-355-3113	Health Services -	01/10/2006	04/10/2007	09/30/2009
	NOMINATED BY:							
2	Nate Nichols	Member	UN	561-324-7556	Health Services	12/04/2007		09/30/2010
	6002 Las Colinas Cir Lake Worth FL 33463							
	NOMINATED BY:							
3	Barbara Cox-Gerlock	Member	EA	561-615-6043	Health Services	11/13/1996	11/20/2007	09/30/2010
	7716 Spring Creek Dr West Palm Beach FL 33411							
	NOMINATED BY:							

Appo	Appointed By : AT Large								
	4	Cynthia Smith Palm Beach County School Distr 2161 N Military Trl West Palm Beach FL 33409	Member ict	AA	561-640-5074	Human Services	09/30/2003	04/10/2007	09/30/2009
		NOMINATED BY:							
	5	Debby Walters PBC Community Health Alliance 901 Northpoint Pky Ste 109 West Palm Beach FL 33407	Member	EA	561-712-1799	Human Services	03/11/2008		09/30/2009
		NOMINATED BY:							
	6	Elizabeth Hernandez-Cayson 17505 NW 36th Ct Loxahatchee FL 33470	Member	на	561-784-9795	Transp./communications/computers	10/01/2004	11/20/2007	09/30/2010
		NOMINATED BY:							
	7	Barbara Jacobowitz, M.S. Treasure Coast Health Coun. 4152 W Blue Heron Ste 229 Riviera Beach FL 33404	Member	EA	561-844-4220	Support Services	11/13/2000	04/10/2007	09/30/2009

Appointed E	Appointed By : AT Large							
8	Dr. Richard Galeta	Member	EA	561-586-4402	PBC League of Cities	11/13/1996	12/02/2008	09/30/2011
	8315 Pine Tree Ln Lake Clarke Shores FL 33406							
	NOMINATED BY:							
9	Sandra Chamblee	Member	EA	561-996-3219	Resident/W. 20 Mile Bend	11/13/1998	11/20/2007	09/30/2010
	1045 Tabit Rd Belle Glade FL 33430							
	NOMINATED BY:							
10	Michael Gauger Palm Beach County Sheriff's Offi 3228 Gun Club Rd West Palm Beach FL 33406	Member ce	EA	561-688-3014	Support Services	04/10/2007		09/30/2009
	NOMINATED BY:							
11	Mary Hanson Hanson, Perry & Jenson 400 Exec Ctr Dr 207 West Palm Beach FL 33401	Member	EA	561-686-6550	Support Services	11/13/1997	12/02/2008	09/30/2011
	NOMINATED BY:							

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commit	tee on Health	and Human	Services
[ ] At Large App	pointment	or	[ ] District	Appointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: 9/30/2009
Seat Requirement: Hea	lth Services			Seat #:1
[ x ]*Reappointm	ent	or	[ ] New App	pointment
or [ ] to complete term of	the		Due to:	[ ] resignation [ ] other
	09/30/2012			
Part II: APPLICA	ANT, UNLESS EX	EMPTED, M	UST BE A CO	DUNTY RESIDENT
Name: Arnedos		Thon	nas	A
į	Last		First	Middle
Occupation/Affiliation:	Director – Admin	istrative Servi	ces	
Business Name:	Palm Beach Coun	ty Health Dep	artment	и
Business Address:	800 Clematis Stre	et		
City & State	West Palm Beach	, Florida	Zip	33401 Code:
Residence Address: City & State	2077 Cezanne Ro West Palm Beach		Zin	33409 Code:
Home Phone: (	) 471-7965	Busir	less Phone:	( ) 671-4026
Cell Phone: (	)	Fax:	less i none.	( )
Email Address:				
Mailing Address prefer	ence: [x]Busine	ss Address [	] Residence	<del></del>
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American)  [ ] WF (Caucasian Femal	Code: n Female) Female) n Female) can Female)	[ ] IM (Nati [ ] AM (Asia [ ] BM (Afri [ ] HM (Hisp	ve-American I an-American N can-American anic-American ucasian Male)	Male) Male) n Male)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009	·
*When a person is being conflicts shall be consid	g considered for re ered by the Board	e-appointmen of County Co	t, the number	of previous disclosed voting
Number of prev	iously disclosed vo	ting conflicts	during the pre	vious term
Signature:	5		Date:	
Pursuant to Florida's Public and photocopied by membe	Records Law, this drs of the public.	ocument may b	e reviewed	Revised 6/2007

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human S	Services		
[ ] At Large App	pointment	or	[ ] District A	appointment		
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>		
Seat Requirement: Sup	port Services		•	Seat #:10		
[x]*Reappointm	nent	or	[ ] New App	ointment		
or [ ] to complete term of Completion of term to	09/30/2012	·	Due [ to:	] resignation [ ] other		
expire on:			· · · · · · · · · · · · · · · · · · ·			
Part II: APPLICA	ANT, UNLESS EX	KEMPTED, M	UST BE A CO	UNTY RESIDENT		
Name: Gauger		Mich		Е.		
•	Last		First	Middle		
Occupation/Affiliation:	Colonel and Dire	ctor of Field C	perations			
Business Name:	Palm Beach Cour	nty Sheriff's D	epartment			
Business Address:	3228 Gun Club R	Road				
City & State	West Palm Beach	ı, Florida	Zip (	33406 Code:		
Residence Address:	n/a					
City & State	n/a		Zip (	Code:		
Home Phone:	) n/a	Busir	ness Phone: (	( ) 688-3014		
Cell Phone: (	)	Fax:		)		
Email Address:	· · · · · · · · · · · · · · · · · · ·			-		
Mailing Address prefer	rence: [ ] Business	s Address [ 2	x] Residence			
Minority Identification Code:  [ ] IF (Native-American Female) [ ] AF (Asian-American Female) [ ] BF (African-American Female) [ ] HF (Hispanic-American Female) [ ] WF (Caucasian Female) [ ] WF (Caucasian Female) [ ] WM (Caucasian Male)						
Part III: COMMISSIO	ONER COMMEN	TS				
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009			
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen l of County Co	t, the number ommissioners.	of previous disclosed voting		
	viously disclosed vo	oting conflicts	during the prev	ious term		
Signature: (lisii	DXJ	7	Date:			
Pursuant to Florida's Public and photocopied by member	c Records Law, this cars of the public.	document may b	e reviewed	Revised 6/2007		

#### Part I:

Board Name: <u>Citizens</u>	Advisory	Committee	e on Healtl	and Human	Services	
[ ] At Large App	pointment	01	r	[ ] District	Appointment	
Term of Appointment:	3	Years.	From:	10/01/2009	To: 9/30/2009	
Seat Requirement: Sup	port Servic	ces			Seat #:7	
[x]*Reappointm	ent	01	•	[] New App	pointment	
or [ ] to complete term of	the			Due to:	[ ] resignation [ ] other	
Completion of term to expire on:	09/3	30/2012				
Part II: APPLIC	ANT, UNI	LESS EXEN	MPTED, M	IUST BE A CO	OUNTY RESIDENT	
Name: Jacobowitz			Barb	ara	H.	
	Last			First	Middle	
Occupation/Affiliation:	Executiv	e Director				
Business Name:	Treasure	Coast Heal	th Council	, Inc.		
Business Address:	600 Sano	dtree Drive	Suite 101			
City & State	Palm Be	ach Gardens	s, Florida	Zip	33403 Code:	
	106 Gree	enwood Cou	ırt			
Residence Address:						
City & State	Royal Pa	ılm Beach, I	Florida	Zip	33411 Code:	
Home Phone: (	) 791-22	97	Busi	ness Phone:	( ) 844-4220 ext 25	
Cell Phone: (	)	-	Fax:	<del></del>	( )	
Email Address:		· · · · · · · · · · · · · · · · · · ·				
Mailing Address prefer	ence: [ ]	Business A	ddress [	x] Residence		
Minority Identification Code:  [ ] IF (Native-American Female)						
Part III: COMMISSION	ONER CO	OMMENTS	}			
Appointment to be made	at BCC M	feeting on:	Septem	nber 15, 2009		
*When a person is bein conflicts shall be consid	g consider ered by th	red for re-a he Board of	ppointmen County C	nt, the number commissioners	r of previous disclosed voting	
Number of prev	iously dis	closed votin	ng conflicts	during the pre	vious term	
Signature:	2		·	Date	:	
Pursuant to Florida's Public and photocopied by member	c Records L ers of the pu	Law, this docu	ument may	be reviewed	Revised 6/2007	

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Healtl	and Human Serv	rices		
[ ] At Large App	pointment	or	[ ] District Appo	ointment		
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>		
Seat Requirement: Hun	nan Services			Seat #:4		
[x]*Reappointm	ent	or	[ ] New Appoint	ment		
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ] to:	resignation [ ] other		
Part II: APPLIC	ANT, UNLESS EX	XEMPTED, M	UST BE A COUN	TY RESIDENT		
Name: Smith		Cynt	hia	R.		
4	Last		First	Middle		
Occupation/Affiliation:	Principal					
Business Name:	Palm Beach Cour	nty School Dis	strict			
	2161 North Milit	ary Trail				
Business Address:	West Palm Beach	ı, Florida		33409		
City & State			Zip Code			
Residence Address:	12287 Sunset Po					
City & State	Wellington, Flori	ida 	Zip Code	33414 e:		
Home Phone:	) 753-6857	Busin	ness Phone: _()	616-7800		
Cell Phone: (	)	Fax:	_(_)			
Email Address:						
Mailing Address prefer	ence: [ x ] Busine	ess Address	[ ] Residence			
Minority Identification Code:  [ ] IF (Native-American Female)						
Part III: COMMISSIO	ONER COMMEN	ITS				
Appointment to be made	at BCC Meeting o	n: Septem	nber 15, 2009			
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointment of County C	nt, the number of pommissioners.	orevious disclosed voting		
Number of prev	viously disclosed v	oting conflicts	during the previous	s term		
Signature: Listen	; and	<u> </u>	Date:			
Pursuant to Florida's Public and photocopied by member	Records Law, this ers of the public.	document may l	pe reviewed	Revised 6/2007		

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human Servi	ices
[ ] At Large App	oointment	or	[ ] District Appo	intment
Term of Appointment:	3 Years.	From:	10/01/2009	To: _9/30/2009
Seat Requirement: Syst	em of Care - Huma	ın Services		Seat #:5
[x]*Reappointm	ent	or	[ ] New Appointr	ment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ] to:	resignation [ ] other
Part II: APPLICA	ANT, UNLESS EX	XEMPTED, M	UST BE A COUNT	TY RESIDENT
Name: Walters		Debby		
•	Last		First	Middle
Occupation/Affiliation:	Consultant			
Business Name:				
Business Address:				
City & State			Zip Code	:
Residence Address:	101 NE 5 <sup>th</sup> Street			
City & State	Delray Beach, Flo	orida	Zip Code	33444
Home Phone:	) 202 422-5277	Busin	ess Phone: ( )	
Cell Phone: _(_	)	Fax:	( )	
Email Address:				
Mailing Address prefer	ence: [ ] Business	Address [ x	] Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-America  [ ] HF (Hispanic-America  [x ] WF (Caucasian Fem	n Female) Female) In Female) In Female) In Female)	[ ] AM (Asia [ ] BM (Afri	ve-American Indiar an-American Male) can-American Male anic-American Mal casian Male)	· e)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009	
*When a person is being conflicts shall be consid	g considered for reered by the Board	e-appointmen l of County Co	t, the number of pommissioners.	revious disclosed voting
		oting conflicts	during the previous	term
Signature Liste	Day Jo	<u> </u>	Date:	
Pursuant to Florida's Public and photocopied by membe	Records Law, this crs of the public.	locument may b	e reviewed	Revised 6/2007

#### Part I:

Board Name: _Citizens	Advisory Commi	ttee on Health	and Human Ser	vices
[ ] At Large App	pointment	or	[ ] District App	pointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Sup	port Services			Seat #:10
[x]*Reappointm	ent	or	[ ] New Appoin	ntment
or [ ] to complete term of	the		Due [ ] to:	resignation [ ] other
Completion of term to expire on:	09/30/2012			
Part II: APPLICA	ANT, UNLESS EX	KEMPTED, M	UST BE A COUN	NTY RESIDENT
Name: Gauger		Mich	ael	E.
*	Last		First	Middle
Occupation/Affiliation:	Colonel and Dire	ctor of Field O	perations	
Business Name:	Palm Beach Cour	nty Sheriff's D	epartment	
Business Address:	3228 Gun Club F	Road		
City & State	West Palm Beach	i, Florida	Zip Coo	33406 de:
Residence Address:	n/a			
City & State	n/a		Zip Coo	de:
Home Phone: (	) n/a	Busin	ess Phone: (	) 688-3014
Cell Phone: (	) '	Fax:		)
Email Address:				_
Mailing Address prefer	ence: [ ] Business	s Address [ >	[] Residence	
Minority Identification [ ] IF (Native-American [ ] AF (Asian-American [ ] BF (African-America [ ] HF (Hispanic-America [ ] WF (Caucasian Femal	n Female) Female) an Female) can Female)	[ ] AM (Asia [ ] BM (Afria [ ] HM (Hisp	ve-American Indian-American Malecan-American Malecan-American Malecanic-American Male)	e) ale)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting o	n: Septem	ber 15, 2009	
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen I of County Co	t, the number of ommissioners.	previous disclosed voting
Number of prev	viously disclosed vo	oting conflicts	during the previou	us term
Signature: Shell	ley Tana		Date: _{	18/09
Pursuant to Florida's Public and photocopied by membe	Records Law, this	document may b		Revised 6/2007

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commi	ittee on Health	and Human Serv	vices
[ ] At Large App	pointment	or	[ ] District App	ointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: 9/30/2009
Seat Requirement: Sup	port Services			Seat #:10
[x]*Reappointm	ent	or	[ ] New Appoint	tment
or [ ] to complete term of	the		Due [ ]	resignation [ ] other
Completion of term to expire on:	09/30/2012	;	to:	
Part II: APPLICA	ANT, UNLESS EX	XEMPTED, M	UST BE A COUN	TY RESIDENT
Name: Gauger		Mich	ael	E.
· ·	Last		First	Middle
Occupation/Affiliation:	Colonel and Dire	ector of Field O	perations	
Business Name:	Palm Beach Cour	nty Sheriff's D	epartment	
Business Address:	3228 Gun Club F	Road		
City & State	West Palm Beach	n, Florida	Zip Cod	33406
City & State			Zip Cod	e:
Residence Address:	n/a n/a			
City & State	11/a		Zip Cod	e:
Home Phone:	) n/a	Busin	ness Phone:(	) 688-3014
Cell Phone: (	)	Fax:	_()	) )
Email Address:				
Mailing Address prefer	ence: [ ] Busines	s Address [ >	[Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [ ] WF (Caucasian Femal	n Female) Female) an Female) can Female)	[ ] AM (Asia [ ] BM (Afria [ ] HM (Hisp	ve-American India an-American Male can-American Ma panic-American Ma ucasian Male)	) le)
Part III: COMMISSIO	ONER COMMEN	ITS		
Appointment to be made	at BCC Meeting o	n: Septem	ber 15, 2009	
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen I of County Co	t, the number of pommissioners.	previous disclosed voting
Number of prev	viously disclosed v	oting conflicts	during the previou	s term
Signature:	abrans	s W	Date: \$	14/09

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Huma	<u>n Servic</u>	es		
[ ] At Large Ap	pointment	or	[ ] Distric	t Appoir	ntment		
Term of Appointment:	Years.	From:	10/01/200	9	To: <u>9/30/2</u>	009	
Seat Requirement: Hea	lth Services		· · · · · · · · · · · · · · · · · · ·		Seat #:	1	,
[x]*Reappointm	ent	or	[] New A	ppointm	ent		
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due to:	[]:	resignation	[]	other
Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	UST BE A	COUNT	Y RESIDEN	/T	
Name: Arnedos		Thom	nas		Α		
Ŷ	Last		First		N	/liddle	
Occupation/Affiliation:	Director – Admir						
Business Name:	Palm Beach Cou	nty Health Dep	artment				
Business Address:	800 Clematis Stre	eet				***	
City & State	West Palm Beach	ı, Florida	Zi	p Code:	33401		₩.3
Residence Address:	2077 Cezanne Ro	oad			<del>.</del>		
City & State	West Palm Beach	ı, Florida	Zi	p Code:	33409		
Home Phone:	) 471-7965	Busin	ess Phone:	( )6	671-4026		
Cell Phone: (	)	Fax:		_( )	·		
Email Address:							
Mailing Address prefer	rence: [ x ] Busine	ess Address [	] Residence	<b>:</b> .			
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [ ] WF (Caucasian Fema	n Female) Female) an Female) can Female)	[ ] IM (Nation of the last of	an-Americar can-America anic-Americ	n Male) an Male) can Male	)		
Part III: COMMISSIO	ONER COMMEN	TS					
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009				
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen of County Co	t, the numb ommissioner	er of pro	evious discl	osed vo	ting
Number of prev	viously disclosed vo	oting conflicts	during the p	revious to	erm		w.
Signature: Con m.  Pursuant to Florida's Public and photocopied by member	Records Law, this o	FOR Marcus document may b	Dat e reviewed	e: <u> </u>	Revised 6/2		

Board Name: <u>Citizens</u>	Advisory Commit	<u>tee on Health</u>	and Human S	Services
[ ] At Large App	pointment	or	[ ] District A	Appointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Sup	port Services			Seat #:7
[x]*Reappointm	ent	or	[ ] New App	ointment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ to:	] resignation [ ] other
·	ANT UNIFCCEY	FMDTED M	TICT DE A CO	UNITY DECIDENT
Name: Jacobowitz	ani, onless exi	Barba		<i>UNTY RESIDENT</i> H.
Jacobowitz :	Last	Barua	First	Middle
Occupation/Affiliation:	Executive Director	r		
Business Name:	Treasure Coast He	ealth Council,	Inc.	
Business Address:	600 Sandtree Driv	e Suite 101		
City & State	Palm Beach Garde	ens, Florida	Zip (	33403 Code:
Residence Address:	106 Greenwood C	ourt		
City & State	Royal Palm Beach	, Florida	Zip (	33411 Code:
Home Phone:(	) 791-2297	Busin	ness Phone:	( ) 844-4220 ext 25
Cell Phone: (	)	Fax:	_(	)
Email Address:				
Mailing Address prefer	ence: [ ] Business	Address [ x	x] Residence	•
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [x ] WF (Caucasian Fem	n Female) Female) an Female) can Female)	[ ] AM (Asia [ ] BM (Afri	ve-American Ir an-American M can-American panic-American casian Male)	fale) Male)
Part III: COMMISSIO	ONER COMMENT	rs		
Appointment to be made	at BCC Meeting on	: Septem	ber 15, 2009	
*When a person is being conflicts shall be consid	g considered for re ered by the Board	-appointmen of County Co	t, the number ommissioners.	of previous disclosed voting
Number of prev	iously disclosed vo	ting conflicts	during the prev	ious term
Signature: Cindy &	Le Felipp	e for	Date:	8/11/09
Pursuant to Florida's Public and photocopied by membe	Records Law, this do			Revised 6/2007

Board Name: <u>Citizens</u>	Advisory Commit	tee on Health	and Human S	ervices
[ ] At Large App	pointment	or	[ ] District A	ppointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Hun	nan Services			Seat #:4
[x]*Reappointm	ent	or	[] New Appo	intment
or [ ] to complete term of			Due [ to:	] resignation [ ] other
Completion of term to expire on:	09/30/2012	-		
Part II: APPLICA	ANT, UNLESS EX	EMPTED, M	UST BE A CO	UNTY RESIDENT
Name: Smith		Cyntl	nia	R.
	Last	<u> </u>	First	Middle
Occupation/Affiliation:	Principal			
Business Name:	Palm Beach Coun	ty School Dis	trict	
Business Address:	2161 North Milita			
City & State	West Palm Beach	, Florida	Zip C	33409 Code:
Residence Address:	12287 Sunset Poi	nte Lane		
	Wellington, Florid	da		33414
City & State			Zip C	Code:
Home Phone:	) 753-6857	Busir	ess Phone: _(	) 616-7800
Cell Phone: (	)	Fax:		)
Email Address:				
Mailing Address prefer	ence: [ x ] Busine	ss Address [	] Residence	
Minority Identification [ ] IF (Native-American [ ] AF (Asian-American [ x] BF (African-America [ ] HF (Hispanic-Americ [ ] WF (Caucasian Fema	n Female) Female) In Female) Can Female)	[ ] AM (Asi [ ] BM (Afr	ve-American In an-American M can-American I panic-American acasian Male)	ale) Male)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009	·
*When a person is bein conflicts shall be consid	g considered for re ered by the Board	e-appointmen of County Co	t, the number of the commissioners.	of previous disclosed voting
Number of prev	viously disclosed vo	oting conflicts	during the previ	ous term
Signature: Ceroly & Comm.	(Dedeleppo	for	Date: _	8/11/09
Pursuant to Florida's Public and photocopied by member	Records Law, this of	locument may b	e reviewed	Revised 6/2007

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human Servi	ices
[ ] At Large App	pointment	or	[ ] District Appo	intment
Term of Appointment:	Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Syst	em of Care - Huma	an Services	······································	Seat #:5
[x]*Reappointm	ent	or	[ ] New Appointr	nent
or [ ] to complete term of	the		Due [ ] to:	resignation [ ] other
Completion of term to expire on:	09/30/2012			
Part II: APPLICA	ANT, UNLESS EX	KEMPTED, M	UST BE A COUNT	TY RESIDENT
Name: Walters		Debb	y	
,	Last		First	Middle
Occupation/Affiliation:	Consultant			
Business Name:				
Business Address:				
City & State			Zip Code	»:
	101 NE 5 <sup>th</sup> Street			
Residence Address:	Delray Beach, Flo	oni da		22444
City & State	Deliay Beach, Fi	orida	Zip Code	33444
Home Phone:	) 202 422-5277	Busir	ness Phone: ()	
Cell Phone: (	)	Fax:	( )	
Email Address:				
Mailing Address prefer	ence: [ ] Business	s Address [ 2	x] Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-America  [ ] HF (Hispanic-American  [x ] WF (Caucasian Fem	n Female) Female) In Female) Can Female)	[ ] AM (Asi [ ] BM (Afr	ve-American Indiar an-American Male) ican-American Male panic-American Male acasian Male)	e)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting o	n: Septem	ber 15, 2009	
*When a person is being conflicts shall be consid	g considered for r ered by the Board	e-appointment of County C	at, the number of pommissioners.	revious disclosed voting
			during the previous	
Signature: Candy Comm.	& Deteleppe	lo for	Date:8	111/09
Pursuant to Florida's Public and photocopied by membe	Records Law, this	document may b	e reviewed	Revised 6/2007

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human Serv	<u>vices</u>
[ ] At Large App	pointment	or	[ ] District App	ointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Sup	port Services			Seat #:10
[x]*Reappointm	ent	or	[ ] New Appoint	ment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ] to:	resignation [ ] other
Part II: APPLICA	ANT, UNLESS EX	KEMPTED, M	UST BE A COUN	TY RESIDENT
Name: Gauger		Micha	ael	E.
	Last		First	Middle
Occupation/Affiliation:	Colonel and Dire	ctor of Field O	perations	
Business Name:	Palm Beach Cour	nty Sheriff's De	epartment	
	3228 Gun Club R	Road		
Business Address:	West Palm Beach	Florida		33406
City & State	11 050 1 01111 25 0001	., 1 1011 <del>a</del> a	Zip Cod	
Residence Address:	n/a			
City & State	n/a		Zip Cod	e:
Home Phone:	) n/a	Busin	ess Phone:(	) 688-3014
Cell Phone: (	)	Fax:	_()	)
Email Address:				
Mailing Address prefer	ence: [ ] Business	Address [ x	] Residence	
Minority Identification [ ] IF (Native-American [ ] AF (Asian-American [ ] BF (African-America [ ] HF (Hispanic-Americ [ ] WF (Caucasian Femal	n Female) Female) In Female) Can Female)	[ ] AM (Asia [ ] BM (Afri [ ] HM (Hisp	ve-American India an-American Male can-American Ma anic-American Ma ucasian Male)	) le)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting or	n: Septem	ber 15, 2009	
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen l of County Co	t, the number of pommissioners.	previous disclosed voting
	viously disclosed vo			s term
Signature: Cendy L Comm				
Com m Pursuant to Florida's Public	Records Law, this	T. Market locument may b	الد e reviewed	Revised 6/2007

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#### Part I:

Board Name: <u>Citizens</u>	Advisory Committe	e on Health and	l Human Servi	ices
[ ] At Large App	pointment o	or [	] District Appo	intment
Term of Appointment:	3 Years.	From: <u>10</u>	/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Hea	lth Services			Seat #:1
[x]*Reappointm	ent o	or []	New Appoints	ment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ] to:	resignation [ ] other
Part II: APPLIC	ANT, UNLESS EXE	MPTED, MUST	BE A COUNT	TY RESIDENT
Name: Arnedos	Last	Thomas	First	A Middle
Occupation/Affiliation:	Director – Adminis	trative Services		
Business Name:	Palm Beach County	Health Departm	nent	
Business Address:	800 Clematis Street			
City & State	West Palm Beach, I	Florida	Zip Code	33401
Residence Address:	2077 Cezanne Road		-	
City & State	West Palm Beach, I	Florida	Zip Code	33409
Home Phone:	) 471-7965	Business	Phone: ()	671-4026
Cell Phone: (	)	Fax:	_(_)	
Email Address:				
Mailing Address prefer	ence: [ x ] Business	Address []R	esidence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [ ] WF (Caucasian Fema	r Female) [ Female) [ an Female) [ can Female) [	] IM (Native-A ] AM (Asian-A ] BM (African- ] HM (Hispanic x] WM (Caucas	merican Male) American Male -American Mal	· e)
Part III: COMMISSIO	ONER COMMENTS	S		
Appointment to be made	at BCC Meeting on:	_September 1	15, 2009	1,000,000
*When a person is bein conflicts shall be consid	g considered for re-a ered by the Board o	appointment, th f County Comm	e number of p nissioners.	revious disclosed voting
Number of prev	viously disclosed votin	ng conflicts duri	ng the previous	term
Signature:	it (Sorz		Date: 🖇	-10-09

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human Ser	vices
[ ] At Large App	pointment	or	[ ] District App	ointment
Term of Appointment:	3 Years.	From:	10/01/2009	_ To: _9/30/2009
Seat Requirement: Sup	port Services			Seat #:10
[x]*Reappointm	ent	or	[ ] New Appoin	tment
or [ ] to complete term of	the		Due [ ]	resignation [ ] other
Completion of term to expire on:	09/30/2012			
Part II: APPLIC	ANT, UNLESS EX	KEMPTED, M	UST BE A COUN	NTY RESIDENT
Name: Gauger		Mich	ael	E.
	Last		First	Middle
Occupation/Affiliation:	Colonel and Dire	ctor of Field O	perations	
Business Name:	Palm Beach Cour	nty Sheriff's D	epartment	
Business Address:	3228 Gun Club R	load		
City & State	West Palm Beach	ı, Florida	Zip Coo	33406 le:
Residence Address:	n/a			
City & State	n/a		Zip Cod	le:
Home Phone: (	) n/a	Busin	ness Phone: (	) 688-3014
Cell Phone: (	)	Fax:		)
Email Address:				-
Mailing Address prefer	ence: [ ] Business	s Address [ x	[] Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [ ] WF (Caucasian Femal	n Female) Female) an Female) can Female)	[ ] AM (Asia [ ] BM (Afri [ ] HM (Hisp	ve-American India an-American Male can-American Ma anic-American M ucasian Male)	e) ile)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting of	n: Septem	ber 15, 2009	
*When a person is bein conflicts shall be consid	g considered for r ered by the Board	e-appointmen of County Co	t, the number of ommissioners.	previous disclosed voting
Number of prev	viously disclosed vo	oting conflicts	during the previou	ıs term
Signature:	7 1800M		•	? - 10-09
Pursuant to Florida's Public and photocopied by member	Records Law, this cars of the public.	locument may b	e reviewed	Revised 6/2007

#### Part I:

Board Name: <u>Citizens</u>	Advisory Commit	tee on Health	and Human Serv	<u>vices</u>
[ ] At Large App	pointment	or	[ ] District App	ointment
Term of Appointment:	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: Sup	port Services			Seat #:7
[x]*Reappointm	ent	or	[ ] New Appoint	ment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ]	resignation [ ] other
Part II: APPLICA	ANT, UNLESS EX	EMPTED, M	UST BE A COUN	TY RESIDENT
Name: Jacobowitz	Last	Barba	ra First	H. Middle
Occupation/Affiliation:	Executive Director	or	Tibe	iviidule
Business Name:	Treasure Coast H	ealth Council,	Inc.	
Business Address:	600 Sandtree Driv	ve Suite 101		
City & State	Palm Beach Gard	ens, Florida	Zip Cod	33403 e:
Residence Address:	106 Greenwood (			00.414
City & State	Royal Palm Beacl	n, Florida	Zip Cod	33411 e:
Home Phone:(	) 791-2297	Busin	ess Phone: (	) 844-4220 ext 25
Cell Phone: (	)	Fax:	( )	<u> </u>
Email Address:	,			
Mailing Address prefer	ence: [ ] Business	Address [ x	] Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-America  [ ] HF (Hispanic-America  [x ] WF (Caucasian Fem	n Female) Female) In Female) Can Female)	[ ] AM (Asia [ ] BM (Afri	ve-American India nn-American Male can-American Ma anic-American Ma casian Male)	) le)
Part III: COMMISSIO	ONER COMMEN	TS		
Appointment to be made	at BCC Meeting or	n: Septeml	per 15, 2009	
*When a person is being conflicts shall be consid	g considered for re ered by the Board	e-appointment of County Co	t, the number of pommissioners.	previous disclosed voting
Number of prev	riously disclosed vo	oting conflicts	during the previous	s term
Signature:	uy Kro		Date:	2-10-69

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#### Part I:

Board Name: <u>Citizens</u>	Advisory Committee	e on Health	and Huma	n Servi	ces	
[ ] At Large App	pointment on	r	[ ] Distric	t Appoi	ntment	
Term of Appointment:	3 Years.	From:	10/01/200	9	To: <u>9/30/2</u> 6	009
Seat Requirement: Hun	nan Services				Seat #:	4
[ x ]*Reappointm	ent or	•	[] New A	ppointn	nent	
or [ ] to complete term of	the		Due to:	[ ]	resignation	[ ] other
Completion of term to expire on:	09/30/2012					
Part II: APPLICA	ANT, UNLESS EXE	MPTED, M	UST BE A	COUNT	Y RESIDEN	T
Name: Smith		Cynth	nia		R.	
	Last		First		N	Middle
Occupation/Affiliation:	Principal					
Business Name:	Palm Beach County	School Dist	rict			
Dusiness Ivanie.	2161 North Military	Trail	·		<del></del>	
Business Address:	West Palm Beach, F	Nowido			22400	
City & State	west Faim Beach, F	ionda	Zi	p Code:	33409	
	12287 Sunset Pointe	Lana	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
Residence Address:						
City & State	Wellington, Florida	,	Zi	p Code:	33414	
Home Phone: (	) 753-6857	Busin	ess Phone:		616-7800	
Cell Phone: (	)	Fax:		( )	<del></del>	
Email Address:						
Mailing Address prefer	ence: [ x ] Business	Address [	] Residence	e		•
Minority Identification [ ] IF (Native-American [ ] AF (Asian-American [ x] BF (African-American [ ] HF (Hispanic-American [ ] WF (Caucasian Femal	r Female) [ Female) [ In Female) [ In Female) [	] AM (Asia ] BM (Afri ] HM (Hisp	ve-Americar an-Americar can-Americ anic-Americ casian Male	n Male) an Male can Male	· :)	
Part III: COMMISSIO	ONER COMMENTS	<b>S</b>				
Appointment to be made	at BCC Meeting on:	Septem	ber 15, 2009	l	<del></del>	
*When a person is bein conflicts shall be consid	g considered for re-a ered by the Board of	ppointmen County Co	t, the numb ommissione	er of pi rs.	cevious discl	osed voting
Number of prev	riously disclosed votin	ng conflicts	during the p	revious	term	
Signature:	u f Kvon				10-0	<u> </u>

Pursuant to Florida's Public Records Law, this document may be reviewed and photocopied by members of the public.

Board Name: <u>Citizens</u>	Advisory Commi	ttee on Health	and Human Ser	rvices
[ ] At Large App	oointment	or	[ ] District Ap	pointment
Term of Appointment: _	3 Years.	From:	10/01/2009	To: <u>9/30/2009</u>
Seat Requirement: _Syst	em of Care - Hum	an Services		Seat #:5
[ x ]*Reappointm	ent	or	[ ] New Appoin	ntment
or [ ] to complete term of  Completion of term to expire on:	09/30/2012		Due [ ]	] resignation [ ] other
Part II: APPLICA	ANT, UNLESS EX	XEMPTED, M	UST BE A COU	NTY RESIDENT
Name: Walters		Debb	<b>у</b>	
· • •	Last		First	Middle
Occupation/Affiliation:	Consultant		AND A CONTRACT OF THE PARTY OF	
Business Name:				
Business Address:				
City & State			Zip Co	de:
Residence Address:	101 NE 5 <sup>th</sup> Street			
City & State	Delray Beach, Fl	orida 	Zip Co	33444 ode:
Home Phone:	) 202 422-5277	Busin	ess Phone: (	)
Cell Phone: (	)	Fax:	_(	)
Email Address:				
Mailing Address prefer	ence: [ ] Busines	s Address [ x	[] Residence	
Minority Identification  [ ] IF (Native-American  [ ] AF (Asian-American  [ ] BF (African-American  [ ] HF (Hispanic-American  [x ] WF (Caucasian Fem	n Female) Female) In Female) Ian Female)	[ ] AM (Asia [ ] BM (Afri	ve-American Ind an-American Mal can-American M anic-American N casian Male)	le) ale)
Part III: COMMISSIO	ONER COMMEN	ITS		
Appointment to be made	at BCC Meeting o	n: Septem	ber 15, 2009	
*When a person is being conflicts shall be consid	g considered for r ered by the Board	e-appointmen d of County Co	t, the number of ommissioners.	f previous disclosed voting
Number of prev	riously disclosed v	oting conflicts	during the previo	us term
Signature:	4 4 120r	/	Date:	8-10-09
Pursuant to Florida's Public and photocopied by membe	Records Law, this or of the public.	document may b	e reviewed	Revised 6/2007

#### Part I:

Board Name: <u>Citizens Advisory Committee on Health and Human Services</u>
[ ] At Large Appointment or [ ] District Appointment
Term of Appointment: 3 Years. From: 10/01/2009 To: 9/30/2009
Seat Requirement: Support Services Seat #: 10
[x]*Reappointment or [] New Appointment
or [] to complete the term of to:  Completion of term to 09/30/2012 expire on:
Part II: APPLICANT, UNLESS EXEMPTED, MUST BE A COUNTY RESIDENT
Name: Gauger Michael E.  Last First Middle
Colonel and Director of Field Operations Occupation/Affiliation:
Palm Beach County Sheriff's Department Business Name:
3228 Gun Club Road Business Address:
West Palm Beach, Florida 33406 City & State Zip Code:
n/a Residence Address:
City & State Zip Code:
Home Phone: ( ) n/a Business Phone: ( ) 688-3014
Cell Phone: ( ) Fax: ( )
Email Address:
Mailing Address preference: [] Business Address [x] Residence
Minority Identification Code:  [ ] IF (Native-American Female)
Part III: COMMISSIONER COMMENTS
Appointment to be made at BCC Meeting on: September 15, 2009
*When a person is being considered for re-appointment, the number of previous disclosed voting conflicts shall be considered by the Board of County Commissioners.
Number of previously disclosed voting conflicts during the previous term
Signature: Date:

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