

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5.27.2015

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Concordia -
Faubion "3 to PhD" program

NAME (PRINT & INCLUDE PRONUNCIATION): Leshawn Lee

ADDRESS: Faubion Principal (POA Pub. Schools)

CITY/STATE/ZIP: Portland

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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4. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
5. A buzzer will signify the end of your allotted time.
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7. All meetings are audio and video recorded and can be viewed at: multco.us.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
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MEETING DATE: 5-27-15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): RECEIVED ASSISTANCE
THRU CATHOLIC SERV.

NAME (PRINT & INCLUDE PRONUNCIATION): DELBERT LIMPET

ADDRESS: 9102 NE GILMAN ST

CITY/STATE/ZIP: PDx, OR. 97220

PHONE: DAYS: 503-422-8974 EVES: SAME

EMAIL: delbert.limpet.52@gmail.com FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): BEHAVIORAL HEALTH

Unity BH Center

NAME (PRINT & INCLUDE PRONUNCIATION): DOCTOR Sharon Meieran ("Myron")

ADDRESS: 5739 SW Cheltenham Dr.

CITY/STATE/ZIP: Portland OR 97239

PHONE: DAYS: 971-322-8753 EVES: EMERGENCY PHYSICIANS

EMAIL: smeieran@gmail.com FAX: _____

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

**Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público *****

FECHA DE REUNION: 5/27/15

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

Marfelia Diaz Maldonado

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Marfelia Maldonado

DIRECCIÓN: 14222 SE Division St. 74

CIUDAD / ESTADO / CODIGO POSTAL: Portland, Or. 97236

TELÉFONO: DÍAS: 503 8399371 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, llenar este formulario y sometalo a la Secretaria de Junta.
2. Se le aprecia que somete este formulario 15 minutos antes en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
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7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.
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**SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES
A LA JUNTA DE COMISIONADOS:**

1. Por favor, llenar este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
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FECHA DE REUNION: _____

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

Programa Hispano

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Narcia ISABEL Gomez

DIRECCIÓN: 1425 SE Roberts Dr Apt 221

CIUDAD / ESTADO / CODIGO POSTAL: Gresham OR - 97080

TELÉFONO: DÍAS: 503 468 7215 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

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ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

Programas HISPANO

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Lucy Santos

DIRECCIÓN: 12857 Se. Foster Rd. Apt. 101

CIUDAD / ESTADO / CODIGO POSTAL: Portland, Or. cp. 97236

TELÉFONO: DÍAS: 503 839 3320 VISPERAS: _____

CORREO ELECTRONICO: NO FAX: NO

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

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TEMA PRESUPUSTARIA (Departamento o Programa):

Programa Hispano

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Angelina Villa Martinez

DIRECCIÓN: 15656 SE Division St #43

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97236

TELÉFONO: DÍAS: 503-839-1981 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Safe Start Therapeutic Program

NAME (PRINT & INCLUDE PRONUNCIATION): Meg Wills

ADDRESS: 7211 SE 62nd Ave

CITY/STATE/ZIP: Portland, OR 97206

PHONE: DAYS: M-F 9-5

EVES: _____

EMAIL: mwills@impactnw.org

FAX: _____

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Impact NW
Safe Start Therapeutic Program

NAME (PRINT & INCLUDE PRONUNCIATION): Jennifer Rawhouser

ADDRESS: 7211 SE 62nd Ave.

CITY/STATE/ZIP: Portland OR 97206

PHONE: _____ DAYS: Tues-Thur 9-4 EVES: _____

EMAIL: jrawhouser@impactnw.org FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa

Hispano's Volunteer Income Tax Assistance (VITA) program

NAME (PRINT & INCLUDE PRONUNCIATION): Karen Keating (Care-in Key-teening)

ADDRESS: 2525 NE 46th Ave

CITY/STATE/ZIP: Portland, OR 97213

PHONE: _____ DAYS: 503 489 6834 EVES: _____

EMAIL: kkeating@catholiccharitiesoregon.org FAX: _____

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My name is Karen Keating and I am the Site Coordinator for El Programa Hispano's Volunteer Income Tax Assistance (or VITA) program.

- Our VITA program provides
 - free, culturally-specific tax preparation,
 - helping the low income, Latino community access their refunds without paying tax preparation fees.
 - The Latino community, in particular those who are immigrants,
 - is susceptible to fraud and costly mistakes due to
 - language barriers,
 - fraudulent or inexperienced tax preparers,
 - and a general lack of access to correct information
 - making our culturally-specific services essential.
- Clients benefitting from our VITA program include those receiving services funded through Multnomah County, such as
 - rent and energy assistance,
 - our Seniors program and
 - parents in SUN schools and with SSSES.

To give you an idea of the impact of our program I'd like to provide some statistics from 2015's tax season:

- 1200 tax returns
- Over \$2.2 million in refunds to the community
- Taxpayers saved nearly \$200,000 in tax preparation fees.
- The average family size between 3 and 4 people, around \$20,000/year.
- Nearly 80% of our taxpayers reside in Multnomah County.
- Our volunteers provided over 2,200 hours of service,
- Most of our volunteers Multnomah County residents

To close

- I'd like to thank you for supporting CASH Oregon who supports El Programa's VITA program as a Super Site, filling some of our training and staffing support needs.
- We also ask that you fund culturally specific VITA sites like ours at EPH in the future so that we may continue to provide and further develop this vital service.

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SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Support for MCSO Deputy for VRO/Gun Disposition

NAME (PRINT & INCLUDE PRONUNCIATION): Traci Anderson

ADDRESS: 1021 SW 4th Avenue

CITY/STATE/ZIP: Portland, OR 97204 Bill 525

PHONE: DAYS: 503.988.6076

EVES: Victims of Domestic

EMAIL: traci.anderson@MCDA.US

FAX: Violence - MCSO

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

DEPUTY FUNDING
RESTRAINING ORDER VIOLATIONS

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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

EL PROGRAMA HISPANO

NAME (PRINT & INCLUDE PRONUNCIATION): German Rivalcaba

ADDRESS: 2445 SE 8th CT

CITY/STATE/ZIP: gresham OR 97030

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: german.rovalcaba.g@grain.com FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
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IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): YouthLine
Lines For Life

NAME (PRINT & INCLUDE PRONUNCIATION): Emily Moser

ADDRESS: 5100 SW Macadam

CITY/STATE/ZIP: Portland

PHONE: DAYS: 503 244-1365 EVES: _____

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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X

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): YouthLine

NAME (PRINT & INCLUDE PRONUNCIATION): Ashley Benson

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Youthline

NAME (PRINT & INCLUDE PRONUNCIATION): Michelle Benson

ADDRESS: 5100 SW Macadam

CITY/STATE/ZIP: Port OR 97035

PHONE: DAYS: 503 244-5211 EVES: _____

EMAIL: OregonYouthline.org FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Youthline
Lines for Life

NAME (PRINT & INCLUDE PRONUNCIATION): Dwight Holten

ADDRESS: 5100 SW Macadam

CITY/STATE/ZIP: Portland, OR

PHONE: DAYS: 97035 EVES: _____

EMAIL: _____ FAX: _____

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

**Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público *****

FECHA DE REUNION: _____

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Maria de Lourdes Ramirez

DIRECCIÓN: 20650 NE Halsey St Apt 140

CIUDAD / ESTADO / CODIGO POSTAL: Fairview 97024

TELÉFONO: DÍAS: 503 995 6472 VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, llenar este formulario y sometalo a la Secretaria de Junta.
2. Se le aprecia que somete este formulario 15 minutos antes en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
6. Los comentarios del público se limitan a 3 minutos por persona, pero el Presidente (Chair) tiene la autoridad para acortar el tiempo, basado en el número de personas que testifican.
7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.
8. Todas las reuniones se graban en audio y video y se pueden ver en el sitio web: multco.us.
9. El Presidente tendrá el derecho de mantener el orden y podrá imponer restricciones razonables son necesarias para la realización eficiente y ordenado de la reunión. Cualquier persona que no cumpla con el código de conducta, o que interfiera, se le puede pedir que salga, y si no quiere hacerlo, se convierte en un problema y se tomarán las medidas necesarias. Las copias de las reglas de conducta están disponibles junto al formulario de inscripción.

**SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES
A LA JUNTA DE COMISIONADOS:**

1. Por favor, llenar este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaria de Junta, o mande los através de e-mail a: lynda.grow@multco.us
2. El testimonio escrito será inscrito en el registro oficial.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5-27-15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

CASCADIA BEHAVIORAL HEALTHCARE - GARLINGTON Project

NAME (PRINT & INCLUDE PRONUNCIATION): Jon Betlinski

ADDRESS: 847 NE 19th AVE #100

CITY/STATE/ZIP: PORTLAND OR

PHONE: _____ DAYS: _____

EYES: CHIEF MEDICAL OFFICER

EMAIL: Jon.Betlinski@CASCADIA BHC.ORG

FAX: NE POX CTR.

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
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7

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público ***

FECHA DE REUNION: 5/27/15

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

EL PROGRAMA HISPANO

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Carlos Merino De Jesus

DIRECCIÓN: 1215 NE Kelly Ave apt 101 Gresham OR

CIUDAD / ESTADO / CODIGO POSTAL: Gresham OR, 97080

TELÉFONO: DÍAS: _____ VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

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1. Por favor, llenar este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

El Programa Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): Pedro Gaytan Farfan

ADDRESS: 4725 W. Powell Blvd #133

CITY/STATE/ZIP: Gresham OR 97030

PHONE: _____ DAYS: 503.660.3086 EVES: _____

EMAIL: Pfarfan@CatholicParishesOregon.org FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SSSES Program
EL PROGRAM HISPANO

NAME (PRINT & INCLUDE PRONUNCIATION): Kathleen Gloss

ADDRESS: P.O. Box 183 Gresham

CITY/STATE/ZIP: _____

PHONE: DAYS: (503) 780-7313 EVES: GRESHAM SCHOOL DIST.

EMAIL: gloss@gresham.k12.or.us FAX: _____

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**JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO**

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FECHA DE REUNION: 5 27 15

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUSTARIA (Departamento o Programa):

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Maurya Ramirez

DIRECCIÓN: 13423 SE 69th ave

CIUDAD / ESTADO / CODIGO POSTAL: Portland OR 97206

TELÉFONO: DÍAS: 503 894 2193 VISPERAS: _____

CORREO ELECTRONICO: mayadry15@yahoo.com FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

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X

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Unity Center
for Behavior Health

NAME (PRINT & INCLUDE PRONUNCIATION): CHRIS FARENTINOS

ADDRESS: 4838 NE 14th PL

CITY/STATE/ZIP: Portland OR 97211

PHONE: DAYS: 503 706 1633 EVES: 503 706 1633

EMAIL: cfarenti@chs.or FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5-27-15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Bvandon

Alexis Pliego Tavares

NAME (PRINT & INCLUDE PRONUNCIATION): _____

ADDRESS: 2711 W Powell Blvd Apt F144

CITY/STATE/ZIP: Gresham, OR 97030

PHONE: DAYS: 503 821 9592 EVES: N/A

EMAIL: Mr.reeck1014@gmail.com FAX: N/A

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5/27

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): STARs: COMMUNITY JUSTICE
~~Health~~ / CH Program

NAME (PRINT & INCLUDE PRONUNCIATION): Bill Farver

ADDRESS: 2927 NE 19

CITY/STATE/ZIP: 97212

PHONE: DAYS: (503) 860-9374 EVES: BOARD MEMBER

EMAIL: farvergordon@gmail.com FAX: OF STARs

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MEETING DATE: 5/27

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): COMMUNITY JUSTICE / CH1
STARS PROGRAM

NAME (PRINT & INCLUDE PRONUNCIATION): DONTAE RILEY & SYLVIA JACKSON

ADDRESS: 8420 NE Alberta Ctr

CITY/STATE/ZIP: Portland

PHONE: DAYS: (503) 960-7819 EVES: _____

EMAIL: _____ FAX: _____

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MEETING DATE: 5/27

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): STARTS: COMMUNITY JUSTICE / CJI PROGRAM

NAME (PRINT & INCLUDE PRONUNCIATION): DEMONDE HEAD

ADDRESS: _____

CITY/STATE/ZIP: Portland

PHONE: DAYS: 503 960-7819 EVES: _____

EMAIL: _____ FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Support for
Programo Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): Pat Attaway

ADDRESS: 2327 W E Wasco St

CITY/STATE/ZIP: Portland

PHONE: DAYS: 5038901066 EVES: Same

EMAIL: pat.attaway@yahoo.com FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: May 27 2015

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Pathfinders

NAME (PRINT & INCLUDE PRONUNCIATION): Nancy Davis

ADDRESS: 878 SE 187th ave #110

CITY/STATE/ZIP: Portland OR 97233

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: njdavis298@gmail.com FAX: _____

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**MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP**

Please complete this form and return to the Board Clerk
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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): Pathfinders of

Oregon

NAME (PRINT & INCLUDE PRONUNCIATION): Alison Dunfee

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ DAYS: _____ EVES: _____

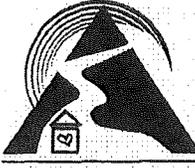
EMAIL: _____ FAX: _____

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The Center for Family Success
A program of Pathfinders of Oregon

Pathfinders' Center for Family Success has a contract with the Multnomah County Department of Community Justice (DCJ) as part of the Justice Reinvestment Program. This contract allows us to serve parents on probation through DCJ.

Our Services

Parenting Inside Out (PIO) is at the core of our services. PIO is an evidence-based program that gives parents the skills to successfully reintegrate with their families and to parent their children in healthy, prosocial ways. The class is available in English and Spanish. In addition to PIO we offer:

- Early childhood home visiting for parents of children 0-6
- Case management
- Family events
- Support groups
- Reentry support for parents at Inverness Jail

2014-2015 Outcomes

Pathfinders initiated our contract with DCJ in November 2014. Since then we have received 51 referrals from probation officers. 84% of parents (43) referred to the Center for Family Success has participated in our services (PIO classes, case management, or support group). In addition:

- 21 parents have successfully graduated from the program.
- 6 parents are currently attending and on track to graduate.
- 16 parents are waiting for the next PIO series to start in June 2015.
- 9 parents have been involved with DHS child welfare services. 7 of these parents have successfully reunified with their children.

For more information about PIO please visit our website:

<http://www.parentinginsideout.org/>

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5-27-15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): SSSES

NAME (PRINT & INCLUDE PRONUNCIATION): Juan Orozco

ADDRESS: 20433 SE Stark St APT B205

CITY/STATE/ZIP: Gresham OR, 97030

PHONE: 971-533-4043 DAYS: _____

EVES: _____

EMAIL: _____

FAX: _____

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MEETING DATE: 5-27-2015

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

Rockwood Pathways Project

NAME (PRINT & INCLUDE PRONUNCIATION): Sharon Darcy

ADDRESS: 3615 S.E. 9th

CITY/STATE/ZIP: Portland, OR 97202

PHONE: _____ DAYS: 503-307-2380 EVES: SAME

EMAIL: sdarcy@pathfindersoforegon.org FAX: _____

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MEETING DATE: 5/27/2015

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

EL PROGRAMAS HISPANO

NAME (PRINT & INCLUDE PRONUNCIATION): Sarmad Al Ghayrawi

ADDRESS: 220 SE 188th Ave.

CITY/STATE/ZIP: Portland, OR. 97233

PHONE: DAYS: 5033176181 EVES: _____

EMAIL: Sarmad.hassan77@yahoo.com FAX: _____

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PLEASE NOTE: SHEA WAS OUR IMPROMPTU 35
INTERPRETER UNTIL INTERPRETER ARRIVED

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): EI Programa

Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): SHEA FLAHERTY BETIN

ADDRESS: 2018 NW Everett St. Apt 303

CITY/STATE/ZIP: Portland, OR, 97209

PHONE:

DAYS:

m-F 805 573 7434

EVES:

(805) 573-7434

EMAIL:

sflaherty16@gmail.com

FAX:

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Testimony of Shea Flaherty Betín El Programa Hispano, Gresham

My name is Shea Flaherty Betín.

I am a SNAP Education and Outreach Specialist with El Programa Hispano here in Gresham, a division of Catholic Charities that provides a wide array of social services to low-income Latinos in the Portland metro area. I thank you for providing an opportunity to testify in support of the state's continued funding of our much needed services.

Our mission is to be an allied partner to the Latino community, providing comprehensive services to a population facing unprecedented social and economic challenges. From helping alleviate systemic and immediate pressures our clients face, to first-line responses to real crises, El Programa Hispano is a local household name.

We help the community in several ways:

- Our UNICA project provides comprehensive services to survivors of domestic and sexual violence.
- We provide school-based services to youth and their families.
- We have a diversified anti-poverty program catering to the most pressing needs of our community. This includes rent and utility assistance, SNAP enrollment, and a community works project.
- We run a free, volunteer staffed, low-income tax clinic every year. This year the program helped over 1,200 families file their taxes, with over 2,000,000 million in total refunds returned to mostly Latino, low-income families.

As a SNAP Education and Outreach Specialist, I help clients navigate the often confusing process achieving basic food security, in itself a basic human right. My clients often face language, education, and even literacy barriers to interacting and receiving basic services. Every day I see new families gain access to supplemental nutrition, which countless studies show improves everything from health to increased academic performance in children. Thank you again for the opportunity to speak, and I again implore to continue, if not increase, funding for this rich, comprehensive, and uniquely culturally specific service.

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
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MEETING DATE: 5-27-15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): DCJ - ~~ETA~~

Rockwood Pathways

NAME (PRINT & INCLUDE PRONUNCIATION): Linda Nilson

ADDRESS: 11262 SW Capitol Hwy

CITY/STATE/ZIP: Portland, OR 97219

PHONE: DAYS: 503-860-3468 EVES: _____

EMAIL: linda@projectarccurow.org FAX: _____

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SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): _____

NAME (PRINT & INCLUDE PRONUNCIATION): Linda Ridings

ADDRESS: _____

CITY/STATE/ZIP: CLSC

PHONE: _____ DAYS: _____

EVES: ANTI-POVERTY PROGRAM

EMAIL: _____

FAX: _____

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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa Aispuro

NAME (PRINT & INCLUDE PRONUNCIATION): Miguel Contreras (on-ti-veras)

ADDRESS: Winden av #

CITY/STATE/ZIP: Gresham Oregon

PHONE: DAYS: ☉ EVES: _____

EMAIL: _____ FAX: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Please complete this form and submit to the Board Clerk.
2. Commenters are called to testify in the order forms are received. The Presiding Officer may re-arrange the order that testimony is given or ask Invited Guests or Elected Officials to speak first.
3. When your name is called, come forward and be seated at the presenter's table; state your name for the record and speak clearly into the microphone.
4. Public comment is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
5. A buzzer will signify the end of your allotted time.
6. If submitting handouts to be given to the Board, seven (7) copies are required. If only one (1) copy is provided, it will be received for the file and electronically shared with the Board and County Attorney after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us.
8. The Chair has authority to keep order and may impose reasonable restrictions necessary for the efficient and orderly conduct of a meeting. Any person who fails to comply with the Rules of Conduct, or who creates a disturbance, may be asked or required to leave and upon failure to do so, becomes a trespasser and will be treated accordingly. Copies of the Rules of Conduct are available next to the sign up sheets.

IF YOU WISH TO SUBMIT WRITTEN INSTEAD OF ORAL COMMENTS TO THE BOARD:

1. Please complete this form along with your written testimony and return to the Board Clerk at the meeting, or submit by e-mail at: lynda.grow@multco.us
2. Written testimony will be entered into the official record.

X

MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

Please complete this form and return to the Board Clerk
This form is a public record

MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa
Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): Jasmine

ADDRESS: 13210 SE Division St #35

CITY/STATE/ZIP: Portland OR 97236

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
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MEETING DATE: 5/27/15

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El Programa Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): Jessica

ADDRESS: 11133 SE BUSH St. Apt. #3

CITY/STATE/ZIP: Portland, OR. 97266

PHONE: _____ DAYS: _____ EVES: _____

EMAIL: _____ FAX: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS
PUBLIC TESTIMONY SIGN-UP

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MEETING DATE: _____

SUBJECT: Multnomah County Fiscal Year 2016 Budget

SPECIFIC BUDGET TOPIC (DEPARTMENT OR PROGRAM): El programa
Hispano

NAME (PRINT & INCLUDE PRONUNCIATION): Eduardo

ADDRESS: 3918 SE 115th Avenue

CITY/STATE/ZIP: Portland / Oregon / 97266

PHONE: DAYS: (503) 995-7514 EVES: _____

EMAIL: _____ FAX: _____

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JUNTA DE COMISIONADOS DEL CONDADO DE MULTNOMAH
REGISTRO PARA TESTIMONIO PÚBLICO

Por favor, complete este formulario y someta lo a la Secretaria de Junta
*** Este formulario es un documento público ***

FECHA DE REUNION: _____

ASUNTO: Presupuesto del Año Fiscal 2016 del Condado de Multnomah

TEMA PRESUPUESTARIA (Departamento o Programa):

El programa His fund

NOMBRE (Por favor escriba su nombre como le gustaria ser presentado/a):

Vilma Gomez. Vilma Gomez

DIRECCIÓN: _____

CIUDAD / ESTADO / CODIGO POSTAL: _____

TELÉFONO: DÍAS: _____ VISPERAS: _____

CORREO ELECTRONICO: _____ FAX: _____

SI USTED DESEA PRESENTAR A LA JUNTA DE COMISIONADOS EN PERSONA:

1. Por favor, llenar este formulario y sometalo a la Secretaria de Junta.
2. Se le aprecia que somete este formulario 15 minutos antes en el comienzo de la reunión.
3. Las personas que hacen comentarios públicos serán llamados en el orden en que se reciben estos formularios. El Presidente (Chair) podrá pedir que invitados o funcionarios electos presenten primero.
4. Cuando su nombre se llama, tome asiento en la mesa de Presentadores.
5. Cuando sea su turno, empieza su presentación diciendo su nombre para el registro. Asegúrese de hablar con claridad en los micrófonos. Todas las reuniones son grabadas.
6. Los comentarios del público se limitan a 3 minutos por persona, pero el Presidente (Chair) tiene la autoridad para acortar el tiempo, basado en el número de personas que testifican.
7. Si usted desea presentar documentación por escrito con sus comentarios orales, por favor traiga 7 copias y presente las al Secretario de la Junta, que las distribuirá a los miembros de la Comisión. Su testimonio se mantendrá permanente.
8. Todas las reuniones se graban en audio y video y se pueden ver en el sitio web: multco.us.
9. El Presidente tendrá el derecho de mantener el orden y podrá imponer restricciones razonables son necesarias para la realización eficiente y ordenado de la reunión. Cualquier persona que no cumpla con el código de conducta, o que interfiera, se le puede pedir que salga, y si no quiere hacerlo, se convierte en un problema y se tomarán las medidas necesarias. Las copias de las reglas de conducta están disponibles junto al formulario de inscripción.

SI DESEA SOMETER COMENTARIOS ESCRITOS EN LUGAR DE COMENTARIOS ORALES A LA JUNTA DE COMISIONADOS:

1. Por favor, llenar este formulario junto con su testimonio escrito y somete la, en la reunión con la Secretaría de Junta, o mande los através de e-mail a: lynda.grow@multco.us
2. El testimonio escrito será inscrito en el registro oficial.