

**MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
PUBLIC COMMENT SIGN-UP SHEET**

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

MEETING DATE: October 9, 2014

AGENDA # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____

NAME: Lightning - Rethink Lab

CONTACT INFORMATION (*optional*):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

IF YOU WISH TO ADDRESS THE BOARD IN PERSON:

1. Fill out this form and submit to the Board Clerk.
2. Non-Agenda items will be called immediately after the vote on the Consent Agenda.
3. Agenda items will be called during that item's presentation, before the vote is taken.
4. Presenters are called to testify in the order forms are received. The Presiding Officer may rearrange the order testimony is given or ask Invited Guests or Elected Officials to speak first.
5. Public testimony is limited to **3 minutes or less** per person unless otherwise directed by the Chair, who is the Presiding Officer.
6. If submitting handouts to be given to the Board, 7 copies are required. If one copy is provided, it will be received for the file and electronically shared with the Board after the meeting.
7. All meetings are audio and video recorded and can be viewed at: multco.us. Click on Government/Board Meetings, and select meeting of your choice.
8. 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.
9. A buzzer will signify the end of your allotted time.
10. 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 reasonable 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.

IF YOU WISH TO SUBMIT WRITTEN COMMENTS TO THE BOARD IN LIEU OF GIVING ORAL COMMENTS:

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

MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
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MEETING DATE: 12/9/14

AGENDA # _____ OR NON-AGENDA SUBJECT: Communication

FOR: _____ AGAINST: _____

NAME: JOE WALT

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

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AGENDA # _____ OR NON-AGENDA SUBJECT: _____

FOR: _____ AGAINST: _____
NAME: Ben Hawley Pickering

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____ EMAIL: _____

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MEETING DATE: October 2014

AGENDA # _____ OR NON-AGENDA SUBJECT: City Hall : Nazi Memorabilia
in City Attorneys

FOR: _____ AGAINST: _____

NAME: MARY ENG
office +
MAYOR'S
attacks
on Lone Vet

CONTACT INFORMATION (optional):

ADDRESS: _____

CITY/STATE/ZIP: _____

PHONE: _____

EMAIL: _____

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MULTNOMAH COUNTY BOARD OF COMMISSIONERS' MEETING
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Please complete this form and return to the Board Clerk
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MEETING DATE: 10/9/14

AGENDA # _____ OR NON-AGENDA SUBJECT:

MEDICARE PART D
HOME FORWARD

FOR: _____ AGAINST: _____

NAME:

PAUL, ADOLPH, PHILLIPS

CONTACT INFORMATION (optional):

ADDRESS:

1212 S.W CLAY APT #217

CITY/STATE/ZIP:

PORTLAND, OREGON

PHONE: _____

EMAIL: _____

97201

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10/9/14

Paul, Adolph, Phillips



Housing With Services

A Culture of Wellness
Where You Live

a nurse will be on-site at Hamilton West

* Friday October 10th at Noon *
in the lobby

Housing With Services is a new program offering coordinated supportive services where you live. We will work with you to assess your health and wellness needs, connect you with resources and meet your health goals.

What Services Can I Receive?

- Comprehensive Health and Wellness Assessment
- Individual Wellness Plan - we will provide you with tools and resources to meet your wellness goals
- Support with transitions back home from a hospital or rehab stay.
- Community Healthy Living Plan - we will work as a team to connect you to **free** exercise classes, education and opportunities to socialize with others.
- Check-ins and coaching
- Care coordination from experienced nurses

What's Our Focus?

Housing With Services is **person-centered**. We want to know you and your preferences.

We are focused on **prevention, education and support**. We want to give you the education and tools you need to meet your health and wellness goals.

Your health - you are in charge! You **choose** if you want to participate and can stop at anytime.

How Do I Access These Services?

Schedule a private meeting with a health care worker to discuss your health needs. Ask your Resident Services Coordinator how to do this. You may also contact your buildings' Resident Services Coordinator for more information or with questions.

We cannot provide things such as homemaker services, but instead the team is here to link you to programs and services that best meet your healthcare needs.

A Partnership Between

- Asian Health & Service Center
- CareOregon
- Cascadia Behavioral Healthcare
- Cedar Sinai Park
- Home Forward**
- Jewish Family & Child Service
- LifeWorks Northwest
- REACH CDC
- Sinai Family Home Services

Participating buildings include:

Park Tower Apartments * Lexington Apartments * Hamilton West * The 1200 Building * Rose Schiltzer Tower * Northwest Tower * Rosenbaum Plaza * Hollywood East * Bronough Apartments * The Admiral Apartments * South Avenue Terrace



Department of County Human Services
MULTNOMAH COUNTY OREGON
 Aging and Disability Services Division
Long Term Care - West

421 SW Oak Street, Suite 175
 Portland, Oregon 97204
(503) 988-5460 Main
 (503) 988-3560 Fax
 (503) 988-6983 TTY

10/9/14
 Paul, Adolph, Phillips

9/18/2014

Paul Phillips
 1212 SW Clay St Apt 217
 Portland OR 97201

Dear Mr. Phillips,

Your SMB program which state of Oregon pays your Medicare Part B premium is overdue for review. Please contact me at (503-988-7403) to have either a phone or in person interview to renew your SMB program by 10/15/14. If we don't have either a phone or in person interview for renewal by 10/15/14, your SMB program will be closed effective 10/31/14.

Thank you.
 Sincerely,

Willie Kim
 (503) 988-7403

H/22/P
 T/21/2014
 DRAWN FOR HOME

This message is intended for the sole use of the individual and entity to whom it is addressed, and may contain information that is privileged, confidential and exempt from disclosure under applicable law. If you are not the intended addressee, not authorized to receive for the intended addressee, you are hereby notified that you may not use, copy, disclose, or distribute to anyone the message or any information contained in the message. If you have received this message in error, please immediately advise the sender by reply email and delete the message. Thank you.

#1/P/01

From: [unclear], [unclear], [unclear]

9/25/14

SUBJECT
MEDICARE PART B +
HOME FORWARD