



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 2307		DATE: 2/13/2024	
COMMITTEE: Children and Families			
TESTIFYING: <input checked="" type="checkbox"/> IN SUPPORT OF <input type="checkbox"/> IN OPPOSITION TO <input type="checkbox"/> FOR INFORMATIONAL PURPOSES			
WITNESS NAME			
BUSINESS/ORGANIZATION:			
WITNESS NAME: CHAD PUCKETT		PHONE NUMBER: 660-221-9028	
BUSINESS/ORGANIZATION NAME: SHOW-ME CHRISTIAN YOUTH HOME AND MACCCA		TITLE: EXECUTIVE DIRECTOR	
ADDRESS: 1457 GRANDVIEW DRIVE			
CITY: WARRENSBURG		STATE: MO	ZIP: 64093
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM	
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.			



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WITNESS NAME		
BUSINESS/ORGANIZATION:		
WITNESS NAME: MICHAELA NEWELL		PHONE NUMBER: 402-990-6567
BUSINESS/ORGANIZATION NAME: ST. NICHOLAS ACADEMY		TITLE: EXECUTIVE DIRECTOR
ADDRESS: 1310 EDGEWOOD DRIVE		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: RODNEY SCHAD		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: TERESA TURNER		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: ARNIE C. "HONEST-ABE" DIENOFF-STATE PUBLIC ADVOCATE		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: arniedienoff@yahoo.com	ATTENDANCE: Written	SUBMIT DATE: 2/13/2024 11:15 PM
THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.		

I am Opposed to this bill and its intension of taking away Certification, Inspection and requirements of the State Department of Social Services. I do NOT trust Private Industry Associations in which Children's Homes pay money to belong to such an Organization. This Bill is very bad Public Policy!



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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: EMILY VAN SCHENKHOF		PHONE NUMBER: 573-826-0031
REPRESENTING:		TITLE:
ADDRESS:		
CITY:	STATE: MO	ZIP:
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
REGISTERED LOBBYIST:		
WITNESS NAME: JESSICA SEITZ		PHONE NUMBER: 573-415-6228
REPRESENTING: MISSOURI NETWORK AGAINST CHILD ABUSE (FORMERLY MO KIDS FIRST)		TITLE:
ADDRESS: 520 DIX ROAD, SUITE C		
CITY: JEFFERSON CITY		STATE: MO
		ZIP: 65109
EMAIL:	ATTENDANCE:	SUBMIT DATE: 2/13/2024 12:00 AM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: LENORA WRIGHT		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: cwright9939@gmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/13/2024 12:17 PM
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WITNESS NAME		
INDIVIDUAL:		
WITNESS NAME: SUSAN GIBSON		PHONE NUMBER:
BUSINESS/ORGANIZATION NAME:		TITLE:
ADDRESS:		
CITY:		STATE: ZIP:
EMAIL: Onesuegibson@protonmail.com	ATTENDANCE: Written	SUBMIT DATE: 2/10/2024 12:44 PM

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The Department of Social Services needs to retain all regulatory authority and not farm it out to vague entities of the residential facilities' choosing. This state has a problem with abusive residential facilities that needs to be urgently addressed.