



MISSOURI HOUSE OF REPRESENTATIVES
WITNESS APPEARANCE FORM

BILL NUMBER: HB 1227		DATE: 4/1/2025	
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			
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: In-Person		SUBMIT DATE: 4/1/2025 11:32 PM

THE INFORMATION ON THIS FORM IS PUBLIC RECORD UNDER CHAPTER 610, RSMo.

I am in Support of this Bill. A Health Screening shall be done upon a child's entry into custody of the State to gain their health and identify any health concerns and or risks.



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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: JOSEPH MILLER		PHONE NUMBER: 417-529-9078	
REPRESENTING: BURRELL BEHAVIORAL HEALTH AND PREFERRED FAMILY HEALTHCARE		TITLE:	
ADDRESS: 90 E LESLIE LANE			
CITY: COLUMBIA		STATE: MO	ZIP: 65202
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/1/2025 12:00 AM	
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WITNESS NAME			
REGISTERED LOBBYIST:			
WITNESS NAME: ROBYN SCHELP		PHONE NUMBER: 660-441-3260	
REPRESENTING: KIDS WIN MISSOURI		TITLE:	
ADDRESS: 3909 SHERMAN CT			
CITY: COLUMBIA		STATE: MO	ZIP: 65203
EMAIL:	ATTENDANCE:	SUBMIT DATE: 4/1/2025 12:00 AM	
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