

4/9/2024

22

Date (Fecha)

Agenda Item #

(Numero de agenda)

Rural Health Discharge Program

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

PLEASE PRINT LEGIBLY

(Por favor escriba legible)

Information provided on this form is part of the public record.

(La informacion proporcionada en este formulario es parte del registro publico.)

MOSE

TURNER

First Name (Nombre)

Last Name (Apellido)

10404 Flanders

COVE

Address (Direccion)

SD

CA

92126

City (Ciudad)

State

Zip (Codigo Postal)

858 414-2903

Phone Number (Numero de Telefono)

Sharp Grossmont Hospital

Organization or company, if any

(Organizacion o empresa a la que representa, si corresponde)

Check one box below (Marque una casilla):

I would like to speak as an individual. (Me gustaria comentar como individuo)

I do not need to speak if the item is approved on consent.

(No necesito comentar si el articulo es aprobado)

I would like to register my position, but I do not wish to speak.

(Me gustaria registrar mi puesto, pero no deseo comentar)

PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spoke

4/9/2023

22

Date (Fecha)

Agenda Item #

(Numero de agenda)

REPORT - RURAL HEALTH PILOT

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN FAVOR

of the RECOMMENDATION(S)

(Solicitud para comentar a favor de las recomendaciones)

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PAUL

the BOLD

First Name (Nombre)

Last Name (Apellido)

Address (Direccion)

City (Ciudad)

State

Zip (Codigo Postal)

(Estado)

Phone Number (Numero de Telefono)

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Spoke

4-9-24

22

Date (Fecha)

Agenda Item #
(Numero de agenda)

Report

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spolce

4/9/24

22

Date (Fecha)

Agenda Item #
(Numero de agenda)

Discharge Pilot Program

Subject (Titulo de Agenda)

REQUEST TO SPEAK IN OPPOSITION of the RECOMMENDATION(S)

(Solicitud para comentar a contra de las recomendaciones)

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PLEASE SEE REVERSE FOR SPEAKER'S GUIDE

Spolce

Individuals Speaking by Phone
April 9, 2024

22	REPORT BACK ON THE RURAL HEALTH POST HOSPITAL DISCHARGE PILOT PROGRAM			
		Truth		O

“S” indicated the speaker is in support
“O” indicated the speaker is in opposition