

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 07, 2023

Name: Kim King

Organization (If Applicable): Home Care Network (OCHCH Board Member)

Position/title: Chief Operating Officer

Address: 190 C East Spring Valley Pike

City: Centerville State: OH Zip: 45458

Telephone: 8004170291

Email: kking@hcnmidwest.net

Are You Representing: Yourself

Organization X

Do You Wish to Testify On:

- Legislation (bill number):
- Specific issue:
- Subject matter:

Are You Testifying as a:

- Proponent:
- Opponent:
- Interested Party: X

Do you have a written statement, visual aids, or other material to distribute?

Yes No

(If yes, please provide copies to the Chairman or Committee Clerk)

How much time will your testimony require? 5

*Committee Chair may limit testimony in the interest of time*