

Witness Information Form

Please Complete the Witness Information Form Before Testifying

Date: Tuesday, March 04, 2025

Name: Laura Dales - Jewish Family Service Association - Caring at Home

Organization (If Applicable): Jewish Family Service Association - Caring at Home

Position/title: Executive Director

Address: 29125 Chagrin Blvd

City: Pepper Pike State: OH Zip: 44122

Telephone: 2162139333

Email: ldales@jfsa-cleveland.org

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 X No

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

How much time will your testimony require?

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