COMMITTEE ON EDUCATION AND THE WORKFORCE
U.S. HOUSE OF REPRESENTATIVES

Truth in Testimony Disclosure Form

Clause 2(g) of rule XI of the Rules of the House of Representatives and the Rules of the Committee on Education and the Workforce require the disclosure of the following information by all witnesses appearing in a non-governmental capacity. A copy of this form should be attached to your written testimony and submitted to the Committee at least 48 hours prior to the hearing.

1. Your Name (Please Print):	2. Organization(s) you are representing:
Lucy Andrews	National Association for Home Care & Hospice & At Your Service Home Care ☐ N/A

3. With respect to each of the entities listed in response to question 2, please briefly describe your position or representational capacity.

Vice Chair, Board of Directors - National Association for Home Care & Hospice.

Registered Nurse - Owner - At Your Service Home Care ☐ N/A

4. Have you received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?	5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2010, related to the subject on which you have been invited to testify?
☐ YES ☒ No	☒ YES ☐ No ☐ N/A

6. If you answered "yes" to either question 4 or 5, please list the amount and source (by agency and program) of each Federal grant or contract (including any subgrants and subcontracts), and indicate whether the recipient of such grant was you or the organization(s) you are representing. You may list additional grants or contracts on additional sheets.

At Your Service Home Care has a preferred provider agreement with the Veteran Administration in CA. At Your Service Home Care does urgent back up for county In Home Medicaid program. ☐ N/A

7. Signature: Lucy Anderson
8. Business Address and Telephone Number: 1221 Farmers Lane Ste A. Santa Rosa, CA 95405

Please attach a copy of this form to your written testimony.