

Please be sure to provide an answer for every question even if the answer is N/A

Truth in Testimony Disclosure Form

In accordance with Rule XI, clause 2(g)(5)*, of the *Rules of the House of Representatives*, witnesses are asked to disclose the following information. Please complete this form electronically by filling in the provided blanks.

Committee: Education and Labor

Subcommittee: Civil Rights and Human Services

Hearing Date: May 15, 2019

Hearing Title :

"Examining the Older Americans Act: Promoting Independence and Dignity for Older Americans."

Witness Name: Patricia Ducayet

Position/Title: Texas State Long-Term Care Ombudsman

Witness Type: Governmental Non-governmental

Are you representing yourself or an organization? Self Organization

If you are representing an organization, please list what entity or entities you are representing:

Office of the State Long-Term Care Ombudsman, an independent office within the Texas Health and Human Services Commission, and the National Association of State Long-Term Care Ombudsman Programs

If you are a non-governmental witness, please list any federal grants or contracts (including subgrants or subcontracts) related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current calendar year and previous two calendar years. Include the source and amount of each grant or contract. *If necessary, attach additional sheet(s) to provide more information.*

N/A

If you are a non-governmental witness, please list any contracts or payments originating with a foreign government and related to the hearing's subject matter that you or the organization(s) you represent at this hearing received in the current year and previous two calendar years. Include the amount and country of origin of each contract or payment. *If necessary, attach additional sheet(s) to provide more information.*

N/A