



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.

<p>1. Your Name (Please Print):</p> <p>Wynon Esterline</p>	<p>2. Organization(s) you are representing:</p> <p>Home Instead Senior Care dba. Esterline Enterprises Inc. Be Do Have Inc. <input type="checkbox"/> N/A</p>
<p>3. With respect to each of the entities listed in response to question 2, please briefly describe your position or representational capacity.</p> <p>I am a franchisee doing business as Home Instead Senior Care. The legal names of my small businesses are Esterline Enterprises Inc. & Be Do Have Inc. <input type="checkbox"/> N/A</p>	
<p>4. Have <u>you</u> received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008, related to the subject on which you have been invited to testify?</p> <p><input type="checkbox"/> YES <input checked="" type="checkbox"/> No</p>	<p>5. Have any of the entities you are representing received any Federal grants or contracts (including any subgrants and subcontracts) since October 1, 2008, related to the subject on which you have been invited to testify?</p> <p><input checked="" type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> N/A</p>
<p>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.</p> <p>My business has a contract with Region 2 Area Agency on Aging. The contract is for Medicaid waiver services, funded by both the State of Michigan & Federal Governments. The contract produces <input type="checkbox"/> N/A approximately 20 to 25 thousand dollars per month.</p>	