

**STATE OF LOUISIANA**  
**SOUTH CENTRAL LOUISIANA HUMAN SERVICES AUTHORITY**  
(Assumption, Lafourche, St. Charles, St. James, St. John the Baptist, St. Mary, and Terrebonne Parishes)

**Kristin Bonner**  
**Executive Director**  
**(985) 876-8886**

**Bryan Zeringue**  
**SCLHSA Chairperson**  
**(985) 438-3365**

**Stephanie Benton**  
**SCLHSA Secretary**  
**(985) 876-8885**

**NOTICE OF PUBLIC MEETING**

Thursday, January 8, 2026 6:00PM  
SCLHSA Administrative Office  
158 Regal Row  
Houma, Louisiana 70360

**AGENDA**

Call to Order  
Opening Prayer & Pledge of Allegiance  
Roll Call of Board Members

**BOARD ISSUES:**

Approval of Minutes from November 13, 2025  
Travel Reimbursement Reminder  
Board Vacancies –St. John the Baptist

**EXECUTIVE DIRECTOR REPORT:**

**Agency Update – Kristin Bonner**

1. TBD

**Fiscal Report - Janelle Folse**

2. TBD

**Operational Report – Misty Hebert**

3. TBD

**Developmental Disabilities Report – Kensie Lasseigne**

4. TBD

**OLD BUSINESS**

**NEW BUSINESS:**

**VIEWS AND COMMENTS BY THE PUBLIC**

**CONSIDERATION OF OTHER MATTERS** – Schedule Next Meeting, Events Calendar

**ADJOURNMENT**



# South Central Louisiana Human Services Authority

## SCLHSA BOARD MEETING ATTENDANCE REQUEST FORM

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DATE OF BOARD MEETING YOU WISH TO ATTEND: \_\_\_\_\_

As per La. R.S. 42:14, only public members who meet the definition of person with a disability as defined by the Americans with Disability Act or their caregivers may attend an open meeting either by teleconference or video conference.

Do you meet the definition of “person with a disability” as per the Americans with Disability Act? \_\_\_ yes \_\_\_ no If your answer is no, you may attend the meeting in person. If yes, please complete the certification below.

Are you a caregiver of a “person with a disability” as per the Americans with Disability Act? \_\_\_ yes \_\_\_ no If yes, please complete the certification below.

### Certification

I \_\_\_\_\_ hereby certify that I meet the definition of  
(insert name)

“person with a disability” as provided by the Americans with Disability Act or am a caregiver of a person with a disability.

\_\_\_\_\_  
*Signature*

How will you attend the meeting?

\_\_\_\_\_ IN PERSON

\_\_\_\_\_ TELECONFERENCE

\_\_\_\_\_ VIDEOCONFERENCE

Please submit this Attendance Request Form by e-mail to [stephanie.benton@la.gov](mailto:stephanie.benton@la.gov), by fax to (985) 858-2934 or by mail to:

SCLHSA  
% Stephanie Benton  
158 Regal Row  
Houma, LA 70360

SCLHSA staff will contact you by e-mail with instructions needed to attend the meeting.

SCLHSA board meetings are held at 6:00 pm on the 2<sup>nd</sup> Thursday of every month at the SCLHSA Administration Building located at 158 Regal Row, Houma, LA 70360.