

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

Representative Jerome Zeringue
Region 3 Legislative Chairperson
(985) 876-8823

Bryan Zeringue
SCLHSA Chairperson
(985) 438-3365

Stephanie Benton
SCLHSA Secretary
(985) 858-2931

NOTICE OF PUBLIC MEETING

Thursday, May 8, 2025 4:00PM
SCLHSA TBHC/DD Office
805 Barrow Street
Houma, Louisiana 70360

AGENDA

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

BOARD ISSUES:

Approval of Minutes from March 13, 2025
Travel Reimbursement Reminder
Board Vacancies –St. John the Baptist
Board of Ethics Financial Disclosures due May 15, 2025

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

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, 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 2nd Thursday of every month at the SCLHSA Administration Building located at 158 Regal Row, Houma, LA 70360.