



## Levy County Board of County Commissioners Agenda Item Summary Form

1. **Name:** Kenyard Feathers, Sr.
2. **Organization/Title/Telephone:** Hospice and Palliative Care/Community Relations Representative
3. **Meeting Date:** Tuesday, June 22, 2021
4. **Requested Motion/Action:** Presentation on Understanding Hospice Care and Advanced Illness Care.
5. **Agenda Presentation:** Yes  No  N/A
6. **Time Requested:** Click or tap to enter a date.  
(Request will be granted if Possible) allotted time not more than 15 minutes
7. **Is this Item Budgeted (If Applicable):** Yes  No  N/A
8. **If no, State Action Required:**
  - a. **Budget Action:**
  - b. **Financial Impact Summary Statement:**
  - c. **Detailed Analysis Attached**
  - d. **Budget Officer Approval:**

If approved enter date: Click or tap to enter a date.
9. **Background: (Why is the action necessary, and what action will be accomplished) (All supporting documentation must be attached if any)**
10. **Recommended Approval**
  - a. **Department Director:** Yes  No  N/A
  - b. **County Attorney:** Yes  No  N/A
  - c. **County Coordinator:** Yes  No  N/A
  - d. **Other:** Yes  No  N/A