

APPOINTEE EXEMPTION DISCLOSURE FORM

PART 1:

NAME: **Teresa M Titus-Howard, PhD, MHA, MSW, CCM**

BOARD/COMMISSION NAME: **DDA Waiver Advisory Council**

PART 2:

Please Check Item(s): Exemption Requested: No (If no, check box and skip to Part 3, Signature)

XX Yes (If yes, check box and complete rest of Part 2 and 3)

I request exemption for: Financial Interest Employment

Financial Interest	Employment
Name of Entity where the financial interest exists:	Employment to be Exempted: The Coordinating Center DDA Coordinator of Community Services (CCS)
Address of Entity:	Your Position/Job Title: President and CEO
Interest to be Exempted:	
Current Value: <input type="checkbox"/> Under \$1,000 <input type="checkbox"/> \$1,000-\$5,000 <input type="checkbox"/> \$5,000-\$10,000 \$10,000 or More	

Explain below why you believe you may have financial interests or an employment situation that, in the absence of an exemption, will conflict with your service on the board or commission for which appointment is being considered. You may wish to contact the State Ethics Commission for information or advice at 410-260-7770.

- The Coordinating Center does business with the DDA however, I am being asked to join because of my experience and relationship as a CCS with DDA.

PART 3:

Appointee: **Teresa Titus-Howard** Signature: *Teresa Titus-Howard*
Date: **10/22/2025**

Please return completed form to:

Michelle Teoli Morningred, Administrator

Maryland Department of Health

Office of Appointments and Executive Nominations

Email: michelle.morningred@maryland.gov

Phone: (667) 203-8985