OFFICE of ADMINISTRATION

AUTHORIZED SIGNATURES
DEPARTMENT OF MENTAL HEALTH

	LAST NAME	FIRST NAME, M	NOTES	STREET ADDRESS	CITY, STATE ZIP	EMAIL ADDRESS	OFFICE PHONE NO
SA/POC	Haake	Mike		1706 E Elm	Jefferson City, MO 65101	mike.haake@dmh.mo.gov	573-751-4079
SA	Penn	Sharon	Hannibal Regional Office	805 Clinic Rd	Hannibal, MO 63401	sharon.penn@dmh.mo.gov	573-248-2400
SA	Nail	Connie	Albany Regional Office Only	809 N 13th St	Albany, MO 64402	connie.nail@dmh.mo.gov	660-726-1528
SA	Edgar-Wells	Cara		1706 E Elm	Jefferson City, MO 65102	cara.edgar-well@dmh.mo.gov	573-751-8563
SA	Schmidt	Pam		1706 E Elm	Jefferson City, MO 65101	pam.schmidt@dmh.mo.gov	573-751-8561
SA	Thompson	Brenda		1706 E Elm	Jefferson City, MO 65101	brenda.thompson@dmh.mo.gov	573-751-7293
SA	Schlottog	Jill		1706 E Elm	Jefferson City, MO 65101	jill.schlottog@dmh.mo.gov	573-751-3079
SA	Sackett	Dianne		1706 E Elm	Jefferson City, MO 65101	dianne.sackett@dmh.mo.gov	573-751-8571
SA	Vineyard	Barbara		111 N 7th Street	St. Louis, MO 63101	barb.vineyard@dmh.mo.gov	314-244-8939
AA	Schafer	Keith		1706 E Elm	Jefferson City, MO 65101	Keith.Schafer@dmh.mo.gov	573-751-3070

*SA = SIGNATURE AUTHORITY
AA = APPOINTING AUTHORITY
POC = POINT OF CONTACT

Monday, June 02, 2014