



I'm a Self-Advocate and I support the Best Life Alliance

ABOUT ME

Name: _____

Street, City, State, Zip: _____

Phone/Email: _____

Name of agencies you work with: _____

The challenges I face:

How my supports assist me on a daily/weekly basis:

How staff turnover affects me and my services:

Without consistent and quality services my life would...

Without waived community supports, my life would be impacted negatively in the following ways: