



I'm a Direct Support Professional and I support the Best Life Alliance

ABOUT ME

Name: _____

Street, City, State, Zip: _____

Phone/Email: _____

Name of agency (where I work): _____

My job title: _____

I provide support to the clients I work with in the following ways:

Because of the supports I provide, my clients have been able to achieve the following:

High staff turnover challenges me and my work in the following ways:

Because of high staff turnover, I have witnessed the following obstacles for the individuals I support:

My family and I face the following challenges because of the wages I earn:

Additional comments you want your legislator to know:

