



**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:** \_\_\_\_\_

**My supports assist me in the following ways:**

**The following is how high staff turnover affects me and my supports:**

**Without my community supports, my life would be negatively impacted because:**

**Additional comments you want your legislators to know:**

