

Template
Personal Storytelling



ABOUT ME

Name:		
Street, City, State, Zip:		
Phone:		
Email:		
1.	Name of agencies your family member works with:	
2.	The challenges my family member faces:	
3.	How their supports assist them on a daily/weekly basis:	
4.	How staff turnover affects my family member and our family unit:	
5.	How I see staff turnover/staff shortages affecting the employees:	
6.	Without consistent and quality services his/her life would	





7.	Our family life would be
8.	Additional comments you want to make to your legislator about the importance of the Service Providers & Direct Support Professions that assist your loved one regularly:
9.	Without waivered community supports, my loved one's life would be impacted negatively in the following ways:
10.	Our family would be negatively impacted in the following ways

