Family Information Sheet
~ A Guideline for Your Family's Story ~

This questionnaire is designed to help you begin to tell your family story. Sometimes it can be difficult to put on paper the details of our complicated and unique lives. Yet, it is our lives that impact legislative issues. Remember, you are the "butter." This sheet is to help you begin the important first steps of putting on paper the information that our legislators need from you. If you need any help . . . we are here to assist you!

Name:_____ **Address:** _____
City: _____ **Zip:** _____ **Leg. Dist.:** _____
Phone: _____ **Email address:** _____

Name(s) of Child(ren):_____ Age: _____ Diagnosis: _____
Name(s) of Child(ren):_____ Age: _____ Diagnosis: _____
Name(s) of Child(ren):_____ Age: _____ Diagnosis: _____

What is the most important issue you are facing on a daily basis?

_____
_____
_____
_____

With regards to services and supports:

What has been the most helpful for you and your family?

_____
_____
_____
_____

What do you wish you could change?

_____
_____
_____
_____

What is your greatest fear?

_____
_____
_____
_____

Would you be willing to meet with your local legislators during session? Y _____ N _____

What days work well for you to take a trip to Olympia? Mon Tues Weds Thurs Fri - AM / PM

Are you available to be involved in a LADD group? Y _____ N _____
(Legislative Advocates for Developmental Disabilities)

DKL 11/9/09