



I'm a Family Member and I support the Best Life Alliance

ABOUT ME

Name: _____

Street, City, State, Zip: _____

Phone/Email: _____

Name of agencies your family member works with: _____

How my family member's supports assist them on a daily/weekly basis:

How staff turnover affects my family member and our family unit:

How I see staff turnover/staff shortages affecting the employees:

Without consistent and quality services my family member's life would be different because:

Additional comments you want your legislators to know:

