



Worksheet: Storytelling for Advocacy

Your Contact Information

Name:

Organization (if applicable):

Email Address:

Phone Number: ()

I am a (select all that apply):

- I/DD service provider
- Direct support professional
- Person with I/DD
- Family member of a person with I/DD

Questions to Consider

[For providers and direct support professionals] What services do you provide?

[For people with I/DD or family members of people with I/DD] What services do you/your family receive?

Why are these services important to you? To people in your community?

What barriers do you face in delivering or receiving supports?

How does this impact people with disabilities in your community?

How can these problems be addressed? (Here, be specific in articulating the policy you're hoping to see adopted.)

What else would you like your lawmakers and others in the community to know about you?

For Questions or More Information

Contact Elise Aguilar, Director of Federal Relations, at eaquilar@ancor.org.