



# Family Information Sheet

**If possible, please include a picture of your loved one with this information.**

**Faces with names and stories are very powerful!**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Legislative Dist: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Email: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_ Age: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_ Age: \_\_\_\_\_

Name of person with disability: \_\_\_\_\_ Age: \_\_\_\_\_

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

\_\_\_\_\_

## Regarding services and supports:

What is working for you? (Residential Services, Personal Care, Respite, Employment, Transportation, etc...)

\_\_\_\_\_

\_\_\_\_\_

What is missing for you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

If you could change anything, what would it be and why?

\_\_\_\_\_

\_\_\_\_\_

Are you willing to meet with your legislators?    Y\_\_\_ N\_\_\_    Need Help?    Y\_\_\_ N\_\_\_

What days / times work well for you to meet your legislators? (circle all that apply)

None    Mon    Tues    Weds    Thurs    Fri    AM / PM

**Return to: Washington State Parent Coalition**

**Diane Larsen, Pierce County    or    Darci Ladwig, Spokane County**



# RELEASE OF INFORMATION

The Washington State Parent Coalition on behalf of local Parent Coalitions is compiling stories received from parents, guardians, individuals and professionals. We will need your permission to use your story.

Please read the information below and fill in the responses.

I, \_\_\_\_\_, grant permission to the Washington State Parent Coalition and the local Parent Coalitions to publish my story (or parts of it) in written, visual or spoken form and in any advertising or advocacy on behalf of individuals with developmental disabilities, in any language throughout the world, and in any form whether print or electronic publication and in other media now known or unknown. I understand that all or portions of it may be published in newspapers, magazines and other printed media, and may be released in other recorded media such as television or video recordings, and I consent to such uses. **I understand that neither my name nor any identifying information will be used unless I agree in this form (below).** I understand that I will have the right to review my written story. I agree not to make any claim relating to defamation, rights of privacy or publicity, confidentiality, copyright, or otherwise. I grant permission to use my story and agree to the terms described above.

I agree    My age:  18 or older  Under 18

GUARDIANS: Can Parent Coordinators contact you?  Yes  No

You may use my name with my submission.  Yes  No

You may use my adult child's / client's name with my submission.  Yes  No

NAME OF PARENT or CLIENT: \_\_\_\_\_

ADDRESS/CITY/STATE/ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF PERSON IN SUPPORTED LIVING: \_\_\_\_\_

NAME OF SUPPORTED LIVING AGENCY: \_\_\_\_\_

**Note: If you are under 18 or have a legal guardian we will need the signed consent of your parent or legal guardian.** I am the parent or guardian of the minor or individual named above and I agree to all terms outlined above.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

We deeply appreciate you sharing to help our voices be heard.

**Return to:** Washington State Parent Coalition  
c/o Diane Larsen, Pierce County or Darci Ladwig, Spokane County

# Bills I Support

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# Bills I do not support

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# My Budget Priorities

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