

Your Name: _____ Your legislative district: _____

FIRST MEETING

Representative or Senator Name: _____

Did you meet with the Elected or with their staffer? (Please circle)

ELECTED

STAFFER

BOTH

	Yes	No	Undecided
Protect and Expand WA Cares Long-Term Care Benefits			
Healthcare for Nursing Home Workers			
Rent Stabilization, Renters' Protections, and Affordable Housing Investments			
Your Priority: (write name of one additional priority of your choice)			

Did the legislator have questions or request any additional information?

Share any notable moments or other information from your meeting.

SECOND MEETING

Representative or Senator Name: _____

Did you meet with the Elected or with their staffer? (Please circle)

ELECTED

STAFFER

BOTH

	Yes	No	Undecided
Protect and Expand WA Cares Long-Term Care Benefits			
Healthcare for Nursing Home Workers			
Rent Stabilization, Renters' Protections, and Affordable Housing Investments			
Your Priority: (write name of one additional priority of your choice)			

Did the legislator have questions or request any additional information?

Share any notable moments or other information from your meeting.
