

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
Fix Home Care Agency parity loophole to ensure equal pay for Home Care Agency Providers			
Hold Nursing Homes accountable to mandatory increases to wages and benefits			
Wage transparency for Supported Living Rate increases so hard-won funding increases are reflected in our wages			
Authorize payment for Parents of Kids with Developmental Disabilities			
Millionaire's Tax: Fund critical services by making millionaires pay what they owe			
Medicaid/Apple Health Employer Fee & Well Washington Fund: Fund critical services with wealthy corporations paying what they owe			
Domestic Workers Bill of Rights and Immigrant Worker Protection Act			
Your priority: (write the 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.

Notes:



Your Name: _____ Your legislative district: _____

SECOND MEETING

Representative or Senator Name: _____

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

ELECTED

STAFFER

BOTH

	Yes	No	Undecided
Fix Home Care Agency parity loophole to ensure equal pay for Home Care Agency Providers			
Hold Nursing Homes accountable to mandatory increases to wages and benefits			
Wage transparency for Supported Living Rate increases so hard-won funding increases are reflected in our wages			
Authorize payment for Parents of Kids with Developmental Disabilities			
Millionaire's Tax: Fund critical services by making millionaires pay what they owe			
Medicaid/Apple Health Employer Fee & Well Washington Fund: Fund critical services with wealthy corporations paying what they owe			
Domestic Workers Bill of Rights and Immigrant Worker Protection Act			
Your Priority: (write the 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.

Notes:



Your Name: _____ Your legislative district: _____

THIRD MEETING

Representative or Senator Name: _____

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

ELECTED

STAFFER

BOTH

	Yes	No	Undecided
Fix Home Care Agency parity loophole to ensure equal pay for Home Care Agency Providers			
Hold Nursing Homes accountable to treat workers with dignity and respect through wages and benefits			
Wage transparency for Supported Living Rate increases so hard-won funding increases are reflected in our wages			
Authorize payment for Parents of Kids with Developmental Disabilities			
Millionaire's Tax: Fund critical services by making millionaires pay what they owe			
Medicaid/Apple Health Employer Fee & Well Washington Fund: Fund critical services with wealthy corporations paying what they owe			
Domestic Workers Bill of Rights and Immigrant Worker Protection Act			
Your priority: (write the 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.

Notes:



Other notes:

[illegible]