

STATE WIDE

New York StateWide Senior Action Council, Inc.
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State Budget & Legislative Issues Local Advocacy Report Form

(Use 1 form for each encounter – include on a single form as many topics as you discussed with the representative)

<p>Elected Official's Name</p> <p>_____</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> NY Senate <input type="checkbox"/> NY Assembly <input type="checkbox"/> Congress </div>	<p>DATE</p> <p>_____</p>
<p>Who did you communicate with?</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <input type="checkbox"/> Legislator <input type="checkbox"/> Staff </div>	<p>Name:</p> <p>_____</p>
<p>Topics Covered (Check all that apply)</p>	
<p>Issue</p>	<p>Response</p>
<p><input type="checkbox"/> NYS Budget Funding for StateWide's Patients Rights Helpline</p>	
<p><input type="checkbox"/> NYS Repealing onerous cuts to Medicaid Home Care</p>	
<p><input type="checkbox"/> NYS - EPIC expansion bill</p>	

<input type="checkbox"/> NYS – NY Health Act	
<input type="checkbox"/> Federal – Observation Status	
<input type="checkbox"/> Federal – Social Security	
<input type="checkbox"/> Federal – Medicare benefits	
<input type="checkbox"/> Federal – Prescription Drugs	
OTHER ISSUES	
Follow-up needed:	
Reported By:	
Chapter:	

Please send report to:
SWSAC c/o Myers 46 Commonwealth Dr, Glenmont NY 12077
e-mail: publicpolicy@nysenior.org

Use additional paper if more room is needed for your comments
