**Your Plan for Visiting Elected Officials**

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| **Person Responsible** | **Activity** |
|  | **Introduce your group (list names here)**  **1.**  **2.**  **3.**  **4.** |
|  | **What is the issue or need? (jobs, services, supports, other?)** |
|  | **What do you think needs to be done about this issue or need?** |
|  | **How do you think this will help people with disabilities? Why is your position better?** |
|  | **What information/handouts will you give them?** |
|  | **What do you want the legislator/policy maker to do?** |
|  | **How will you ask legislator/policy maker for their support?** |
|  | **What kind of assistance or additional information can you offer? Can you invite them to your chapter meeting or event to get to know you?** |
|  | **Thank legislator/policy maker for their time!** |

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