Dear Legislator:					
My name is	I am connec	cted to long-term care in _	W	/isconsin,	
because I am a					
 Wisconsin's long-term care provider communit Leaving people with disabilities and Forcing businesses to close due to re Increasing reliance on public assistat Jeopardizing sustainability of Wiscon 	the elderly without neede evenue losses or inability t nce by Direct Care Worker	d care to hire Direct Care Workers to due to low pay; and	S		
The workforce issue is important to me beca	iuse:				
				·	
		+			
I am asking you to support policies that stre our most vulnerable Wisconsin citizens. Yo More information at: www.wiworkforceallian	our support will help end		ct Care Worker	s who serve	
My contact information is:					
Email address:					
Address:	City/State	Phone:			
		•	2		
		(ic ₂			
			×		
3K					

2⁹ 1