Date

Your Name

Your Address

Your City, State, Zip code

Your Email

Your Phone Number

The Honorable [Representative’s name]
The Capitol (or) House Office Building
Tallahassee, FL 32399-1300

Dear Representative [name of Representative],

My name is [your first and last name], and I am a [family member/service provider/advocate/community member] who resides in your district. I am reaching out to you on behalf of my [daughter/son], who has a developmental disability. I am sure you are very concerned for your constituents and their children and wish to see them receive the help they need.

I have repeatedly attempted to contact the Agency for Persons with Disabilities (APD) with no response. I need the APD’s assistance with [INSERT] for my [daughter/son]. Receiving Waiver services would be of tremendous importance for me and my [daughter/son] as it would allow us to have additional funding for the medical care [she/he] requires.

The Medwaiver dramatically impacts the lives of the people on the Waiver, and we need your help in getting a response from the APD so that we, too, may gain this level of care for our [daughter/son].

I appreciate your assistance with this matter and ask that you send me a response letting me know if you can urge the APD to reply to my communications.

I have heard that the APD is understaffed, which may be why calls and emails go unanswered. I am also asking that you vote to fully fund the Florida Medicaid Waiver so that all the families with loved ones with developmental disabilities in Florida may receive the attention they deserve.

Sincerely,

[sign your name]