Advocacy Log - Good Experience

Date _____/_____/_____

What happened? When did it happen? Who was involved?
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Who did you speak with? Where were they from?

Name: __________________________   Name: __________________________
Phone: __________________________  Phone: __________________________
Where from: _____________________  Where from: _____________________

What was the outcome? List anything that happened, such as with your health, daily living, or well-being.
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

Need help? Call CARIE toll-free at 1-800-356-3606. Help is free and confidential.