

## VLDA 2022 LEGISLATOR MEETING FEEDBACK FORM

Please complete and return to NYSCADV by email at <a href="mailto:bgulotty@nyscadv.org">bgulotty@nyscadv.org</a>.

N	lame:	Organization:		
P	hone:	E-Mail:		
L	egislator Name: Assembly Member/Senator			
Was Legislator Present in Meeting? Yes No				
Name(s) and title(s) of staff who participated:				
Please check off the bills and budget issues discussed and if the Legislator/Staff supported or opposed:				
			Support	Oppose
	FAIR ACCESS TO VICTIM COMPENSATION			
	REDUCE BARRIERS TO BREAK PHONE, TV, AND UTILITY	CONTRACTS		
	COMPREHENSIVE SEX EDUCATION/HEALTHY RELATIO	NSHIPS CURRICULUM		
	STATE-FUNDED INTERNET SERVICES FOR SHELTER RES	IDENTS		
	ACCESS TO FORENSI CHILD CUSTODY EVALUTATION	REPORTS		
	ADULT SURVIVORS ACT			
OTHER BILLS DISCUSSED:				

Please share further feedback from your meetings and relay any necessary follow-up to NYSCADV: