

**CHILD WELFARE BUDGET REQUEST
Feedback Form
Fall 2018**

NAME: _____

COUNTY: _____

LEGISLATORS YOU MET WITH:

1. _____
2. _____
3. _____
4. _____

COMMENTS FROM LEGISLATORS/FOLLOW-UP NEEDED:

LEGISLATOR: _____

COMMENTS: _____

LEGISLATOR: _____

COMMENTS: _____

LEGISLATOR: _____

COMMENTS: _____

Please return the form to:
Sarah Diedrick-Kasdorf
diedrick@wicounties.org
608.663.7189 (fax)