

**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:** \_\_\_\_\_

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**LEGISLATOR:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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**LEGISLATOR:** \_\_\_\_\_

**COMMENTS:** \_\_\_\_\_

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