

2019 CRT Congressional Advocacy Report

Date: ____/____/____

State: _____ House of Representatives Senate

Office of: _____

Member of Congress and/or Staff you met with (name/title/contact info or attach card):

Will Member sign on as cosponsor to: **(1) Complex Rehab Wheelchair bill** (H.R. 2293 and S. 1223) and **(2) CRT Separate Benefit Category bill** (H.R. 2408):

__ YES- _____

__ MAYBE- Needed follow up? _____

__ NO- Why not? _____

Information left with staff: _____

Information you did not have: _____

Other feedback or comments: _____

..... **USE REVERSE SIDE FOR POST-CONFERENCE FOLLOW UP**

Should you need assistance with information regarding follow up or other matters contact Don Clayback at dclayback.ncart.us or 716-839-9728.

2019 Post-Conference Follow Up

(1) EMAIL FOLLOW UP (track dates, responses, additional info provided, print copies)-

(2) TELEPHONE FOLLOW UP (track dates, contacts, responses, additional info provided)-

(3) LOCAL VISIT WITH MEMBER (track date, location, attendees, outcome)-

Date Member Signed On: _____

Send "Thank You" email to Member and let NCART office know.

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