**Collecting Client Stories about Food Stamps**

**Organization Name & City:**

**Contact Person:**

**Client Name & City:**

**OPTIONAL --- Client Contact Info (phone and/or email address):**

**Client Story:** Short *(4-7 sentences even)*description of why food stamps make a difference and/or what cuts to food stamps would mean to a client, etc.

If possible, stories about: military members; families with young children; older/disabled; residents of Rep. DelBene’s district.

***Prompts:***

*How do food stamps help you/your family?*

*What has changed for you since Nov. 1 cuts to benefits?*

*What would happen if your food stamps were cut even further – or you could no longer get food stamps at all?*

*Describe challenges you have had meeting basic needs (paying for housing, child care, medical bills, etc.).*

*Describe difficulties you have had finding or keeping a job.*

*What do you want Congress members to know about how important food stamps are to you/your family?*

**Send info to:**

**Claire Lane**

**FarmBill@ChildrensAlliance.org**

**(206) 324-0340 ext. 21**