

Direct Care Workforce Crisis Advocacy: Story Collection Form

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Sample Story



Consent Form to Complete and Return (2 pages)



FAQs Regarding Sharing Your Story

How does Disability Rights Ohio work with people with disabilities to advocate?

Disability Rights Ohio (DRO) believes that the most important voices on any issue are the ones whose lives are directly affected. Our policy work is informed by the lived experience of people with disabilities, and listening to and sharing stories is an important part of that work. Sharing your experiences and ideas can help demonstrate how policies affect people's everyday lives.

Why is sharing my story and/or opinion important?

You are the expert on what it is like to live with your disability or disabilities. Your lived experience is valuable knowledge that no one else can share. By telling your story, you are helping people understand what living with a disability is like, leading to increased awareness and positive policy changes for all Ohioans with disabilities.

How much personal information do I have to share?

The information you choose to share is 100% up to you. You can share specific details and stories, or you can share more general experiences. You may also choose to just share your ideas and opinions. Your voice is powerful in whatever way you chose to use it.

How will my story be used?

DRO is collecting stories from Ohioans around the state who have benefited from using direct care workers to live in the community and many who have struggled to hire and retain enough direct care support to meet their needs. The stories will be used in the following ways:

- In a "Story Map," a document where all the collected stories will be organized by legislative district. This will show our elected officials that people in their district are experiencing this crisis and benefit from direct care workers.
- In additional contacts with policymakers, like fact sheets, reports, legislative testimony, and meetings.
- In DRO communications around this particular advocacy effort - on the website, newsletters, social media, and other articles.

Your story will not be used in any other way without additional consent from you.

What is the process for sharing my story?

Our Community Engagement Coordinator, Alexia Kemerling, will work with you to write a draft of your story. Here are some ways you can share your story with us:

- You can write the story out yourself and email it to Alexia, akemerling@disabilityrightsohio.org.
- Set up a phone call or Zoom call with Alexia to tell her your story, and she can write it down. You will be able to make any changes and approve the final version.
- You can suggest another option for communicating and sharing that works for you!

Last, but not least, you will sign the Storytelling Consent Form below to give us permission to share your story in the ways outlined above. If you would like to continue to be involved in advocacy on this topic, there is an option on the form to stay involved.



Sample Story

Note:

In sharing your story with Disability Rights Ohio, you are joining in our public policy advocacy. If you are seeking legal assistance, please submit an intake form here or call 614-466-7264 or 1-800-282-9181 during our intake hours of Monday-Friday, 9 a.m. to 12 p.m. and 1 p.m. to 4 p.m.

Please note that due to limited capacity, we are not able to provide help to every person who contacts us or promise representation on any issue. Our current fiscal year's Goals and Objectives that guide the work we do and the levels of advocacy and assistance we typically provide are available on our website or upon request.

Sample:

"I am 32 years old and live in Ashtabula, Ohio with my partner of eight years. I work full time and enjoy being active in my neighborhood. I am enrolled in a waiver program and should be receiving 60 hours of care a week from direct care workers. Currently, only 15 of my hours are consistently covered. I rely on direct care workers for assistance with daily living tasks like preparing meals, toileting, bathing, getting dressed, and transferring in and out of my wheelchair. This support empowers me to live my life the way I want to - from working to enjoying leisure activities with my partner and friends to volunteering in my community.

However, due to our severe underfunding of the direct care workforce and many systemic barriers, navigating my care is exhausting and stressful. I have had 50 providers in the last few years, and I am consistently struggling to fill all of my care hours. The high turnover is often because workers leave for higher paying jobs.

While I am fortunate that my partner, family, and friends can provide occasional support, they also have full-time jobs and lives. I should not have to rely on back-up plans, when I am approved for and have a right to receive services from professionals.

Without care I need and the support of this professional workforce, I am at risk of losing the life I have built and being forced into retirement, isolation, and potentially out of my home and into a care facility, where I will have no control over my day to day life."

- Josh S., 32, Ashtabula, Ohio



Storytelling Consent Form

I have read and fully understand the terms of this release and give DRO permission to use my story by:

- Making my story publicly available to the general public, the media, stakeholders, policymakers, and on DRO materials as described above for any lawful purpose DRO believes is important to inform, teach, and advocate.
- Editing my story for length and readability and to use portions of my story (such as quotes or small sections).
- Using personally identifying information as follows:
 - Select one:
 - First and Last Name
 - First Name Only
 - My Initials Only
 - Made Up Name
 - Select one:
 - Use my image in a photograph I provide
 - Do NOT use my image

Do you consent to the following?

*I give DRO permission to show my legislative district with my story. **Note: your exact address will NOT be shared, just the general region you are from so that we can target our advocacy to your specific representative and senator.***

- Select one:
 - Yes
 - No

Once my information is shared with the public, I understand that DRO cannot control who shares it and how it is used. I release DRO from all claims, suits, costs, liabilities and damages I may have in connection with the use of my face, voice, records or name. I understand and agree that DRO retains ownership of all materials created using my story as described in this form, including any copyright or trademarked materials.

Storytelling Consent Form (continued)

Client Signature: _____

Client Address: _____

Printed name: _____ Date: _____

..... Or

Verbal consent given to DRO; staff member signature:

_____ Date: _____

..... Or

Guardian Signature: _____ Date: _____

Printed name: _____

Final Advocacy Questions!

Are you interested in participating in additional advocacy on this issue?

If so, please check all of the activities you would be interested in.

- Writing to state senators and representatives
- Calling state senators and representatives
- Meeting in-person or virtually with senators and representatives
- Providing written or in-person testimony on legislation
- Writing a letter to the editor or opinion piece for a newspaper
- Attending advocacy workshops and collaborating with other advocates

Are you interested in staying updated on how, where, and when your story is shared by DRO?

- Yes
- No

If we do not already have your contact information, please include it here.

• **Email:** _____

• **Phone:** _____

Preferred method of communication:

- Email
- Phone call
- Zoom meeting
- No preference