

**Write About the Importance of
BadgerCare & Medicaid Programs
To Your Family & Friends!**

My Name is _____, and I live
in the city of _____, Wisconsin.

BadgerCare & Medicaid are important to me because...

What would happen if BadgerCare & Medicaid were cut or ended?

I Give My Permission For You to Share My Story:

I, _____ (*print your name*), hereby
authorize the sharing and use of my testimonial, provided to ABC for
Health, Inc., signed _____ (*sign your name*),
on today's date: _____. My Phone: (____) _____ - _____
My Email: _____

(See other side)

Permission to Use My Story Means the Following:

- * ABC for Health and HealthWatch Wisconsin can **use my recordings and statements** for the following purposes: publicity, media outreach, educational uses and purposes, contact with elected officials, and posting online or in other electronic formats, including use through any webcasting media to HealthWatch Wisconsin.
- * By my signature on this form, I acknowledge the receipt of this document and give permission to ABC for Health and HealthWatch Wisconsin to reproduce my story for educational and publicity purposes in perpetuity without further consideration from me.
- * I understand my story may be made available on the Internet and will be accessible to anyone with an internet connection. I will need to notify ABC for Health if any changes to my situation occur that will impact this permission, or if I would like to retract my testimonial, to the degree that it can be retracted, once it is online.



HealthWatch Wisconsin is a project of
ABC for Health, Inc.

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