

Fill this out. Save it. Post it directly to the group discussion page.  
Your story might be the one that gives someone else the courage to speak up.  
You choose how it is shared -- named, anonymous, or internal only. We will honour it absolutely.  
There are no wrong answers. There is no minimum length. Just tell us what happened.

## SECTION 1 -- ABOUT YOU (COMPLETE WHAT YOU ARE COMFORTABLE SHARING)

All fields in this section are optional. If you choose anonymous submission, your name will not appear in any public record.

First Name (or leave blank for anonymous):	Last Name (or leave blank):
<input type="text"/>	<input type="text"/>
City / Town:	Postal Code (optional):
<input type="text"/>	<input type="text"/>
Email (optional -- only if you want a response):	
<input type="text"/>	

## SECTION 2 -- YOUR INVOLVEMENT WITH THE SYSTEM (CHECK ALL THAT APPLY)

- |   |   |
|---|---|
| <input type="checkbox"/> AISH recipient                 | <input type="checkbox"/> Canada Disability Benefit applicant    |
| <input type="checkbox"/> ADAP (notified of transition)  | <input type="checkbox"/> Caregiver / family member of recipient |
| <input type="checkbox"/> FSCD (family member)           | <input type="checkbox"/> Advocate / support worker              |
| <input type="checkbox"/> PDD (family member)            | <input type="checkbox"/> Other (describe below)                 |
| <input type="checkbox"/> Alberta Works / Income Support |   |

Other involvement (describe):

## SECTION 3 -- AREAS OF YOUR LIFE AFFECTED (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> Housing stability           | <input type="checkbox"/> Children / family             |
| <input type="checkbox"/> Food security               | <input type="checkbox"/> Employment or ability to work |
| <input type="checkbox"/> Medication / medical access | <input type="checkbox"/> Transportation / mobility     |
| <input type="checkbox"/> Mental health               | <input type="checkbox"/> Social isolation              |
| <input type="checkbox"/> Physical health             | <input type="checkbox"/> Financial stability           |
| <input type="checkbox"/> Caregiving responsibilities | <input type="checkbox"/> Other (describe below)        |

Other impact area (describe):

## SECTION 4 -- YOUR STORY

Post your completed form directly to the group discussion page.  
Your story might be the one that gives someone else the courage to speak up.  
You do not need to be articulate. You do not need to be polished. You need to be honest.  
Every word you write is evidence. Every story shared makes silence harder for the government.  
Someone out there is waiting to know they are not alone.

**"My story is evidence. Send it everywhere."**

-- The Alberta Disability System Breakdown  
Turn to Page 2 to begin.

Write as much or as little as you want. No character limit. No wrong format.  
You can write in point form, paragraphs, or however feels natural.  
Focus on what happened, how it affected you, and what you want people to know.

What has happened to you or your family because of the AISH/ADAP system?

What does your daily life actually look like? What do people not understand about living with disability in Alberta?

What do you want the government, the media, and the public to know?

Is there anything else you want to add?

## SECTION 5 -- HOW CAN WE USE YOUR STORY?

Your consent choice controls everything. We will honour it absolutely.  
Anonymous submissions will have all identifying details removed before any sharing.

- I consent to my story being shared publicly as part of the Alberta Disability System Breakdown community evidence record
- I consent to my story being shared anonymously only -- remove my name and identifying details before sharing
- I consent to my story being used in formal submissions to government, the Ombudsman, or the UN -- named
- I consent to my story being used in formal submissions -- anonymously only
- I do NOT consent to public sharing -- this submission is for internal documentation only

## SECTION 6 -- WHERE TO SEND THIS FORM

- Post it in The Alberta Disability System Breakdown Facebook group
- Email it to adap@gov.ab.ca as a community submission
- Include it with your personal MLA/MP contact letter
- Submit it alongside your formal complaint
- Email it directly to your MLA (see Contact Directory in other forms)

## SECTION 7 -- DECLARATION AND SIGNATURE

I confirm that the information in this submission reflects my genuine experience.  
I understand and agree to the consent option I have selected above.  
I understand that anonymous submissions will have all identifying details removed.

Name (or type 'Anonymous'):

Date (YYYY-MM-DD):

## WHAT HAPPENS AFTER YOU SUBMIT

### Online / email

Post in the group or email to adap@gov.ab.ca. Screenshot your sent email.

### Your copy

Save a copy of your completed form before sending. Your record matters.

### Community evidence

Every story submitted strengthens the case. You are not alone in this.