



California Association for Adult Day Services

2017 STATE AND FEDERAL ADVOCACY FUNDRAISING DRIVE: ACT BY MAY 30!

4/2017

Thank you for your past support of our advocacy efforts to protect adult day services programs that enable community living and well-being for tens of thousands of low income elders.

We now seek to raise \$100,000 by May 30, 2017 to sustain a major advocacy effort to protect adult day services beneficiaries and programs from new threats while looking for opportunities to strengthen our position at the state and national levels. **Our President, Corinne Jan, CEO of Family Bridges, has KICKED OFF this campaign by generously donating \$8,000 to the fund.**

The President and Republican majority in Congress continue negotiations to “repeal and replace” the Affordable Care Act. Legislative proposals to drastically reduce the federal share of Medicaid (Medi-Cal) funding under a new “per person” block grant formula **threaten funding for continuation of CBAS as a Medi-Cal benefit!**

Changes to the Coordinated Care Initiative (CCI) continue to be negotiated through the state budget process. Low provider rates continue to threaten access to services. **It is imperative that we conduct sustained, intensive efforts to engage with the Legislature and the Administration at the state and federal levels** to assure access to CBAS and other adult day services programs throughout all counties in the state.

Our hardworking staff team works every day on your behalf, but can only do so much within existing resources. We will use these funds to support our federal advocacy efforts and to support our Executive Director’s strategic work to strengthen CAADS’ public policy and advocacy program.

Help us reach our goal of \$100,000 by giving any amount you can!

(Contributions to the California Adult Day Services Advocacy Fund are NOT tax deductible.)

Donation/Pledge: \$500 \$750 \$1,000 \$2,000 \$3,000 Other: \$ _____

Payment Now (Payable to: CAADS) **Pledge** (Invoice me) # _____ **Monthly Payments Starting** _____ / _____ / _____

Donor First & Last Name: _____ Tel: (_____) _____

Email: _____ Fax: (_____) _____

Organization: _____

Mailing Address: _____

City / State / Zip: _____ **Donation is from: [] Me [] Organization**

Credit/Debit Card Payment - Please charge amount indicated above to my:

VISA **MasterCard** **Discover Card** (Sorry, we do not accept American Express)

Credit Card Number: _____

C V V Code Expires Name that appears on card Signature

Cardholder's Street Address Zip Code

Thank You! Please return this form with payment or pledge to:

CAADS | 1107 9th Street, Suite 701 | Sacramento, CA 95814 | **FAX: (866) 725-3123** | **EMAIL: caads@caads.org**