

Legislative Proposal

MSSA Region: _____ (if you do not know your Region list the county your agency is located in)

Submitted by: _____

Agency: _____

Work Phone: _____

Email: _____

Subject Matter:

Adult Foster Care

Child Welfare

Mental Health

Child Care

Disability

MFIP

Chemical Dependency

Housing/Homeless

Tax

Child Support

Medical Assistance

Other _____

Title:

Description:

Affected Statute(s)/Rule(s):

Consequence of No Change:

Fiscal Impact:

MSSA Proposed Action/Solution: