

Official Democrat Resolution Submission Form

This form is provided as an aid to submitting and recording proposed resolutions for the platform. Please check one of the boxes below indicating the general category that best fits your resolution. Please note that you, as the proposer of the resolution, **must** print and sign your name and include your address, phone number and email if you have one. NOTE: This form must also be signed by the caucus secretary.

Agriculture **Economy** **Education** **Environment** **Government**
Health Care **Human Services** **International Affairs** **Labor**

Write your resolution and your rationale for it on the lines below, or tape or staple a printed copy to this form. In the event the original resolution is amended, attach the final amended resolution to the back of this form.

Resolution: We support universal, comprehensive, and accessible long-term supports and services in both home and facility settings.

Rationale for your resolution:

Because millions of children, adults, and elderly have long-term physical and mental disabilities that require substantial assistance from a caregiver to bathe, groom, eat, toilet, communicate, and transport themselves;

and the cost of home care- including home health aides, medical equipment, medical supplies, prescriptions, and doctor visits- often exceed household income while annual nursing facility costs average over \$80,000 nationwide;

and Medicare and most health insurance policies specifically exclude coverage for most long-term services and supports, while most individuals and families only qualify for Medicaid after depleting life's savings and impoverish themselves paying for care;

and the heavy burden on family caregivers causes them to choose between earning a living vs. caring for loved ones, and to suffer well-documented burnout, isolation, stress, and financial devastation;

and the value of uncompensated caregiving for adult family members was recently estimated to be more than double the amount spent on paid long-term caregiving.

Proposed by: _____

print your name sign your name

address

phone number email

Caucus secretary: _____

sign your name precinct number

Completed forms are to be inserted in **ENVELOPE B** and mailed to the County Chairs **IMMEDIATELY**. County Chairs should **IMMEDIATELY** give all resolutions to the **County Platform Committee Chair**.