[Your Name]
[Your Address]
[City, State, Zip Code]

[Date]

The Honorable [Senator’s/Representative’s Full Name]
[Office Address]
[City, State, Zip Code]

Dear [Senator/Representative Last Name],

I am writing to express my opposition to Conflict-Free Access and Planning (CFAP). As someone who will be directly affected, I believe this policy will do more harm than good for people with disabilities.

CFAP would separate the people who help plan my services from the people who provide them. While the intent may be to avoid conflicts of interest, the reality is that this will disrupt trusted relationships, reduce my choices, and create more red tape. The people who know my needs best may no longer be able to support me in planning my care, leaving me with less say in decisions about my own life.

Instead of empowering individuals, CFAP risks making services less personal, less responsive, and less accessible—especially in communities with limited providers.

Please oppose CFAP and support policies that strengthen accountability while preserving flexibility, choice, and trusted relationships for people like me.

Thank you for listening to the concerns of those most directly affected.

Sincerely,
[Your Full Name]