

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Conference Stipend Program for Individuals and Families Policy

Policy Origination: September 12, 1996

Revision Effective: July 1, 2002

Purpose:

The DDRB values the strengthening of supports for individuals with developmental disabilities and their families. Individuals and family members are encouraged to participate in conferences and educational opportunities, which are designed toward enabling an individual with developmental disabilities to progress toward normal living or to develop his or her capacity, performance, or relationships with other persons. The Conference Stipend program gives individuals and family members the opportunity to attend trainings and seminars that they might otherwise not be able to attend.

The Conference Stipend Program for Individuals and Families:

- Eligibility:** The applicant must be an individual with a developmental disability or an immediate family member of an individual with a developmental disability. Agencies requesting stipends on behalf of a group of individuals need to contact DDRB office.
- Event:** Conferences must be sponsored by a professional organization and/or be a presentation by a professional recognized in their field and directly related to the individual's and/or family member's developmental disability.
- Amount:** The individual pays the first \$25.00 for each conference. The DDRB will pay the remaining registration fee, up to a maximum of \$500.00 per year, per person. Travel, lodging and other expenses are not covered.
- Approval:** Approval is given by DDRB Executive Director based on available funding and compliance of the policy. Waiver of the \$25.00 co-pay (based on need) and policy exceptions require DDRB Board approval. Applications are considered on a first-come-first-served basis. The fiscal year end invoice deadline is not applicable.

Application for Registration Fee:

Completed applications are to be submitted to the Executive Director of the DDRB. A brochure or copy of brochure from the conference/event must be attached. Application and evaluation forms can be downloaded from DDRB website www.ddrb.org or call the DDRB office at 636-939-3351 to request forms.

Reimbursement:

Requests must be made within 90 days prior to or after the event. Upon approval of the Executive Director, there are 2 ways to receive DDRB stipends (payment) for the event:

- 1.) The DDRB will write a check payable to the organization hosting the event and send it to:
 - a.) the individual making the request who will in turn send the check along with other registration materials to the conference organizers, OR
 - b.) directly to the conference organizers on behalf of the person requesting the stipend
- 2.) The DDRB may send a check payable to the individual requesting the stipend. A paid receipt from the event organizers must be received by the DDRB prior to payment. The DDRB must receive the receipt within 30 days after the event.

Evaluation follow-up required:

Individuals receiving stipends are required to complete an evaluation of the event vs. expectations. Evaluation are to be submitted to the Executive Director of the DDRB. Additional stipends will be contingent upon receipt of evaluations.

Developmental Disabilities Resource Board
Conference Stipend Program for Individuals and Families
EVALUATION FORM

This form must be submitted within 30 days of the conference event. Additional stipends will be contingent upon receipt of evaluations.

Title of Conference Attended _____

Instructor(s): _____

Date of Conference: _____ Registration Fee: _____

Location of Training: _____

1. How would you rate the instructor? Check all that apply or add:

- | | | |
|--|--------------------------------------|-----------------------------------|
| <input type="checkbox"/> Energetic | <input type="checkbox"/> Interesting | <input type="checkbox"/> Off-task |
| <input type="checkbox"/> Boring | <input type="checkbox"/> Likable | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Knowledgeable | <input type="checkbox"/> Long-winded | <input type="checkbox"/> _____ |

2. How much of the content was helpful to you?

- Most or all of the presentation
- A considerable amount of the presentation
- Some portions/maybe half of the presentation
- Very little or none of the presentation

3. Was this conference worth the cost of the registration fee? Yes No

4. How will the information you learned enhance the life of the person with the developmental disability? _____

5. Would you recommend other individuals or families attend this conference? Why or why not? _____

Signature: _____ **Date:** _____

Print Name: _____

Submit this evaluation form within 30 days of the conference.

SEND to: DDRB
156 St. Peters Centre Blvd.
St. Peters, MO 63376

Developmental Disabilities Resource Board
Conference Stipend Program for Individuals/Family Members
APPLICATION for Stipend

Request for DDRB Training Stipend:

This form must be submitted when requesting a stipend; all eligibility requirements of the policy must be met. Complete one application per person making application for stipend. Send application to DDRB, 156 St. Peters Centre Blvd., St. Peters, MO 63376.

Request Date: _____

Receipts for direct reimbursement must be received within 90 days of the event.

Name of Person Requesting Stipend: _____

The applicant must be an individual with a developmental disability or an immediate family member of an individual with a developmental disability.

Date of Conference Attended or to Attend: _____

Conferences must be professionally recognized and directly related to the individual's and/or family member's developmental disability. Individuals receiving stipends are required to complete an evaluation.

For the following reasons, I am interested in the following conference opportunity: (please list how this conference is related to the developmental disability and how information learned will enhance the life of the person with the disability) _____

Continue on back if needed

Total Cost for Registration:

Less \$25.00 co-pay _____

-25.00

DDRB Stipend Request: _____

The DDRB will pay the remaining registration fee, up to a maximum of **\$500.00** per year. Travel, lodging and other expenses are not covered.

Choose one of the following:

I am requesting to be reimbursed directly. A brochure or copy of brochure and **my paid receipt is attached**. Receipts must be received within **90** days of the event. My evaluation of the event is attached.

I am pre-registering for the conference (brochure or copy of brochure is attached) I would like the DDRB to send its portion of the conference registration to the conference organizing group at the address indicated below. I will forward a complete evaluation form after the event.

I am pre-registering for the conference (brochure or copy of brochure is attached) I would like the DDRB to send its portion of the conference registration to me and I will forward the check along with my portion of the registration and registration forms to the conference organizing group. I will forward to the DDRB a complete evaluation form after the event.

DDRB Payment Reimbursement:

Send Check to:

Make Check Payable to: _____

Name: _____

Address: _____

City/State/Zip: _____