

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Conference Stipend for Individuals and Families

Policy Origination: September 12, 1996

Revision Effective: July 1, 2017

Revision Approval: November 17, 2016

Policy Reviewed: November 17, 2016

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 as defined in DDRB Funding Guidelines or is 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 fiscal year, per person. Fees related to late registration, travel, lodging and other expenses are not covered.
- Approval:** Approval is based on available funding and compliance with the policy. Waiver of the \$25.00 co-pay (based on need) and policy exceptions require DDRB Program Committee approval. Applications are considered on a first-come-first-served basis. The fiscal year end invoice deadline is not applicable.

Application for Registration Fee:

Submit completed applications to the DDRB Office, 1025 Country Club Road, St. Charles, MO 63303. A brochure or copy of the 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 can be made from 14 – 90 days prior to the event or within 60 days after the event. Approved stipends can be paid by choosing one of the following:

- 1.) The DDRB can write a check payable to the organization hosting the event and send it to the individual making the request. The individual is responsible for mailing the check, their co-pay portion and registration materials to the conference organizers,

OR:

- 2.) The DDRB can reimburse the individual by check for requests received within 60 days after attending the event. An itemized paid receipt from the event organizers must accompany the request to receive payment.

Evaluation follow-up required:

Individuals receiving stipends are required to complete and return an evaluation of the event to the DDRB office within 60 days after the conference. Additional stipends will be contingent upon receipt of evaluations.

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

Request Date: _____

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, 1025 Country Club Road, St. Charles, MO 63303.

Name of Conference Attendee: _____ **Phone:** (_____) _____

Conference attendee must be an individual with a developmental disability or an immediate family member of an individual with a developmental disability as defined in DDRB Policies.

Name of Individual with a Developmental Disability _____ **Date** _____
of Birth

The individual must be an eligible service recipient of Missouri First Steps and/or Department of Mental Health (DMH) Division of Developmental Disabilities.

☐ DMH ID # _____ **OR** ☐ Attach Page 1 of Missouri First Steps IFSP

Conference Title & Date(s) _____

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 a post conference evaluation.

Please list how this conference is related to you or your family member's 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 fiscal year. Fees related to late registration, travel, lodging and other expenses are not covered.

Enclose a COPY of the conference/training brochure and completed registration form that includes the organization's billing and payment information.

☐ **Post-Conference Reimbursement:** I am requesting that I be reimbursed directly. I have enclosed copies of my itemized paid receipts. I understand I must submit this request within **30** days of the conference and the post conference evaluation form must be received within **60** days of the conference conclusion.

☐ **Pre-Conference Payment:** I am requesting a check made payable to the event organizers be mailed to me. I understand I am responsible for sending the check along with my co-pay portion and other registration materials to the conference organizers for conference registration. I will send the evaluation form to the DDRB within **60** days of the conference conclusion.

Make Check Payable to: _____

Send Check to:

Name: _____

Address: _____

City/State/Zip: _____

Contact Phone Number: (_____) _____

DDRB Review:

Date: _____ Amount Approved: \$ _____

☐ Approved

☐ Not Approved

DDRB Representative Signature: _____

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

This form, along with the certificate of completion must be submitted within 60 days of the conference event. Additional stipends will be contingent upon receipt of evaluations and attendance verification.

Title of Conference Attended_____

Instructor(s):_____

Date of Conference:_____

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: _____

Phone or Email:_____

Submit this evaluation form within 60 days of the conference.

SEND to: DDRB
1025 Country Club Road
St. Charles, MO 63303