

**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.

Post-Conference Reimbursement: I have enclosed copies of my itemized paid receipts. I understand I must submit this request within **60** days of the conference.

Make Check Payable to: _____

Send Check to: Name: _____
Address: _____
City/State/Zip: _____
Contact Phone Number: (_____) _____

DDRB Review:	Date: _____	Amount Approved: \$ _____
<input type="checkbox"/> Approved	<input type="checkbox"/> Not Approved	DDRB Representative Signature: _____

