FY2026 Conference Reimbursement Fund for Individuals and Families

Conference Reimbursement Fund for Individuals and Families	
Purpose	The DDRB encourages individuals with developmental disabilities and their families to participate in opportunities that advance their knowledge and understanding related to their disability. Conference reimbursement funds provide an opportunity to attend educational conferences or seminars that might otherwise be cost-prohibitive.
Eligibility	1. Individual with a developmental disability as defined in the Alliance Partner Funding Manual, or, 2. Immediate family member of an individual with a developmental disability. Agencies requesting reimbursement on behalf of a group of individuals need to contact the DDRB Agency and Community Relations Director prior to the event.
Qualifying Conference/Events	1. Seminar/training is generally defined as a single or specific topic of one or half-day duration. 2. Local conferences are generally defined as a locally sponsored, full-day events with breakout sessions. 3. National conferences are generally defined as nationally sponsored events of more than one day with multiple breakout sessions Conferences may not include customized consultative services.
Qualifying Expense	Conference registration fee minus co-pay. Fees related to late registration, travel, lodging, and other expenses do not qualify for reimbursement by the DDRB.
Reimbursement Amounts	**All requests are dependent on available funding.** A co-pay of $25 is required for each registration fee. The DDRB will reimburse the remaining registration fee, up to the following amounts for the following types of events: • Seminar/Training $150 • Local Conference $350 • National Conference $500 Individuals are eligible for an annual maximum of $500 per person per fiscal year. Waiver of the $25 co-pay (based on need) require DDRB Agency and Community Relations Director approval.
Reimbursement Request and Required Documents	Submit the following to the DDRB, 1025 County Club Road, St. Charles, MO 63303: 1. Completed Reimbursement Request Form 2. Copy of conference/event brochure including registration costs 3. Copy of paid receipt 4. Completed Conference Evaluation Form
Reimbursement Approval	Completed requests, along with supporting documentation, must be submitted to the DDRB within 60 days after the event. Late or incomplete applications will not be processed.
Payment	A reimbursement check is sent to the applicant after attendance at the event and receipt of required documents.
Form(s) Available at: www.ddrb.org	Conference Reimbursement Fund for Individuals and Families • Application for Reimbursement • Evaluation Form

DEVELOPMENTAL DISABILITIES RESOURCE BOARD

Conference Reimbursement for Individuals/Family Members APPLICATION for Reimbursement

ALL REQUESTS ARE DEPENDENT ON AVAILABLE FUNDING

Reimbursement requests must be submitted within 60 days of the last day of the conference.

This form must be submitted when requesting reimbursement; all eligibility requirements of the policy must be met. Complete one application per person making an application for reimbursement. Send application to DDRB, 1025 Country Club Road, St. Charles, MO 63303**.**

Request Date: _____

1. Name of Conference Attendee **Attendee Phone Number and Email**

Conference attendees 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.

2. Name of Individual with a Developmental Disability **Date of Birth**

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

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

3. Name of Conference **Date of Conference**

Conferences must be professionally recognized and directly related to the individual's and/or family member's developmental disability. A co-pay of $25 is required for each registration fee. The DDRB will reimburse the remaining registration fee, up to the following amounts for the following types of events for a fiscal year maximum of $500. Fees related to late registration, travel, lodging, and other expenses are not covered.

4. Select the type of Conference Attended

- ☐ Seminar/Training $150
- ☐ Local Conference $350
- ☐ National Conference $500

5. Reimbursement Amount

Total Cost for Registration: _____
Less $25 co-pay: -25.00
DDRB Reimbursement: _____

6. Required Documentation (must be submitted with reimbursement request)

- ☐ A brochure or a copy of the brochure from the conference.
- ☐ Legible copies of itemized paid receipts from the event organizers.
- ☐ The conference evaluation.

7. Reimbursement Information

Make Check Payable to: _____

Send Check to: Address: _____

City/State/Zip: _____

8. Send/submit this completed form with the required documentation within 60 days of the last day of the conference. Mail to: DDRB **or Email to:** AgencyRelations@ddrb.org
1025 Country Club Rd**.**
St. Charles, MO 63303

DDRB Review:	Date: _____	Amount Approved: $_____
☐ Approved	☐ Not Approved	DDRB Representative Signature: _____

Developmental Disabilities Resource Board

Conference Reimbursement for Individuals/Family Members

EVALUATION FORM

This form, along with the certificate of completion, must be submitted with the request for reimbursement within 60 days of the conference event. Future reimbursements will be contingent upon receipt of evaluations and attendance verification.

Title of Conference Attended: _____

Instructor(s): _____

Date(s) of Conference: _____

Location of Training: _____

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

☐ Energetic	☐ Interesting	☐ Off-task
☐ Boring	☐ Likable	☐ _____
☐ Knowledgeable	☐ Long-winded	☐ _____

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 did the information you learned enhance the life of the person with a developmental disability?

5. Would you recommend other individuals or families to attend this conference?

Signature: _____ Date**:**_____

Print Name: _____

Phone or Email:_____