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.
 an immediate family member of an immediate family member of an individual with a developmental disability

 Name of Individual with a Developmental Disability
 Date of Birth

 The individual must be an eligible consist of Manageri First Steps and/or Department of Manageri First Steps and Steps and

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

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

DDRB Review:	Date:	Amount Approved: \$
□ Approved	Not Approved	DDRB Representative Signature:

01/03/20

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.

Instructor(c)						
1130 uctor (S)	:					
Date of Conf	erence:					
Location of Training:						
 Energetic Boring Knowledgeable 	ou rate the instructor? Interesting Likable Long-winded The content was helpful					
Most or all of theA considerable ar	presentation mount of the presentation aybe half of the presentation	-				
3. Was this confe	erence worth the cost o	of the registration fee? □Yes □N	lo			
		ed enhance the life of the person wit				
5. Would you red		duals or families attend this confere	nce?			
5. Would you red Why or why not?						