

DEVELOPMENTAL DISABILITIES RESOURCE BOARD
Conference Stipend for Individuals and Families

Policy Origination: September 12, 1996

Revision Effective: July 1, 2018

Revision Approval: November 15, 2018

Policy Reviewed: November 15, 2018

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:

Post-Conference Reimbursement: A reimbursement check is sent to the applicant. **The applicant is responsible for sending the DDRB copies of itemized paid receipts from the event organizers along with a completed evaluation of the conference within 60 days of the conference conclusion.**

Evaluation follow-up required:

Additional stipends will be contingent upon receipt of evaluation

**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: \$ _____

Approved Not Approved DDRB Representative Signature: _____

