

<b>Conference Reimbursement Fund for Individual and Families</b>	
Purpose	The DDRB encourages individuals with developmental disabilities and their families to participate in opportunities that advance their knowledge and understanding of issues that relate to their disability. Conference reimbursement funds provide an opportunity to attend educational conferences or seminars that might otherwise prove to be cost prohibitive.
Eligibility	The applicant must be an individual with a developmental disability as defined in Partner Funding Manual or is an immediate family member of an individual with a developmental disability. Agencies requesting reimbursement 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 reimburse 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 Reimbursement	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 that includes registration costs and a copy of the paid receipt must be attached. Application and evaluation forms can be downloaded from DDRB website <a href="http://www.ddrb.org">www.ddrb.org</a> 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 Requirement	Future conference reimbursement will be contingent upon receipt of evaluation
Reference Form(s) available at <a href="http://www.ddrb.org">www.ddrb.org</a>	<ul style="list-style-type: none"> <li>• Application for conference reimbursement</li> <li>• Evaluation Form</li> </ul>

**DEVELOPMENTAL DISABILITIES RESOURCE BOARD  
Conference Stipend for Individuals/Family Members  
APPLICATION for Reimbursement**

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**Request Date:** \_\_\_\_\_

***This form must be submitted when requesting reimbursement; all eligibility requirements of the policy must be met. Complete one application per person making application for reimbursement. 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.

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**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 reimbursement are required to complete a post conference evaluation.

**Total Cost for Registration:** \_\_\_\_\_  
**Less \$25.00 co-pay** \_\_\_\_\_ **-25.00** \_\_\_\_\_  
**DDRB Reimbursement:** \_\_\_\_\_

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.

I have enclosed the following:

1. A brochure or copy of the brochure from the conference.
2. Legible copies of itemized paid receipts from the event organizers.
3. The conference evaluation.

**\*This information must be submitted within 60 days of the last day of the conference.\***

Make Check Payable to: \_\_\_\_\_

Send Check to: Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

<b>DDRB Review:</b>	Date: _____	Amount Approved: \$ _____
<input type="checkbox"/> Approved	<input type="checkbox"/> 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 application 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 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 did 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:** \_\_\_\_\_