

10.3.2.1 Conference Reimbursement Fund for Individual and Families

FY2024

Conference Reimbursement Fund for Individual 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 Community Relations Specialist prior to the event.
Qualifying Conference Events	1) Local conference is generally defined as a locally sponsored, full-day event with breakout sessions. 2) National conference is generally defined as a nationally sponsored event of more than one day with multiple breakout sessions. 3) Seminar/training is generally defined as a single or specific topic of one or half-day duration. Conferences may not include customized consultative services.
Qualifying Expense	1) 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	A co-pay of \$25 is required for each registration fee. The DDRB will reimburse for the remaining registration fee, up to the following amounts for the following type of events. 1) Seminar/Training \$150 2) Local Conference \$350 3) 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) and policy exceptions 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	Reimbursement requests are considered on a first-come-first-served basis. 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.

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

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.

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: (____) _____

DDRB Review:	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: _____