

Stipend Application

Families Helping Families of Jefferson

Demographic Information

Individuals with developmental disabilities and their family members are eligible to apply for stipends to attend conferences focusing on developmental disabilities issues. Please complete this form in its entirety and return to: **Mary Jacob, FHF of Jefferson, 201 Evans Road, Building One, Suite 100, Harahan, LA 70123**

Print Name _____

Print Address _____

Print City _____ Print Zip Code _____

Home Phone Number: _____ Cell Number _____

Email _____

Social Security Number: _____

Individual Requesting Stipend is:

____ Individual with a Developmental Disability ____ Parent of a child with a Developmental Disability
Name of Child _____
DOB _____ Disability _____

Ethnicity of Individual Requesting Stipend:

____ African American ____ Asian ____ Caucasian ____ Hispanic ____ Native American ____ Other _____

Disability - Please describe developmental disability and how this training will help the quality of life of the individual with a disability:

Event Information

Name of Event: _____

Location of Event: _____

Date of Event: _____

How many people in your family will be attending this event _____

Stipend Information

Please check off what you are requesting a stipend for and submit appropriate backup documentation with application.

____ Registration Fee \$ _____ (Must submit a copy of the registration form with application)

____ Hotel Accommodations \$ _____ (Must submit documentation of hotel cost)

____ Transportation \$ _____ (Must submit documentation on how you will travel)

____ Other \$ _____ (Please provide documentaiton of other expenses you are requesting a stipend)

Applicant Signature _____ Date _____

Approval:

Stipend Application

Families Helping Families of Jefferson

Families Helping Families of Jefferson has been provided limited funding from the Louisiana Developmental Disabilities Council and Jefferson Parish Human Services Authority to assist individuals with developmental disabilities and their family members to attend trainings, conferences, workshops, etc. that they otherwise wouldn't be able to afford to attend. In return we have the fiscal responsibility to ensure that funding is being used as stipulated in our contracts with these agencies.

In accepting these funds you agree to attend such event or refund the funding, provided to you or paid directly to the event. In addition we require that everyone receiving funding, to provide FHF of Jefferson documentation that you attended the event.

Follow-up documentation is preferred in the form of a one page summary of the event and how it will help improve your quality of life or the individual with a disability and/or their family. Documentation allows us to give our funder's wonderful qualitative data to ensure continuation of future funding. However, if this is not possible, we will accept a copy of your event name tag, agenda, handouts, etc.

Unfortunately, Families Helping Families of Jefferson can rarely fund one hundred percent of the amount requested on the stipend form. If you need additional funding for this event, you will need to go to other sources for this funding. If you are unable to secure additional funding and not able to attend the event, please remember you must return all funding received from FHF of Jefferson and all funding pre-paid by FHF of Jefferson for registration fees, airline tickets, hotel, etc..

By signing below, I agree to the above terms and conditions for receiving a stipend from Families Helping Families of Jefferson.

Please Print Name _____

Please Sign Name _____

Date _____