

2015 TOGETHER WE CAN CONFERENCE

Supporting Each Other Through Change and Transition



REIMBURSEMENT ALLOWANCE POLICY

*This information is being provided to you per your request for a reimbursement allowance when you registered for the 2015 Together We Can conference held on Saturday, May 2 at the Varied Industries Conference Center on the Iowa State Fairgrounds in Des Moines. **Please read the ASK Resource Center (ASK) reimbursement allowance policy and follow the instructions carefully in order for your application to be processed.***

ELIGIBILITY

Reimbursement allowance is available only for individuals with disabilities and parents/caregivers of individuals with disabilities. An allowance should be requested only if an individual or family is unable to attend the conference without reimbursement support. There are limited funds for allowances. Please only request what you need in order to be able to attend the conference. Only one allowance application per family is permitted.

Three types of reimbursement allowances are available. A family may be eligible for more than one type of reimbursement allowance, and may qualify for a reimbursement allowance in up to three categories. See the requirements outlined below to understand the options. On the application, check all reimbursement allowance types you are eligible for and applying to receive.

REQUIRED W-9 FORM

A W-9 form is attached to all reimbursement allowance forms. ASK is required to have a signed W-9 form on file for all individuals receiving reimbursement allowances. ASK will keep the documentation on file, and per law, will only file tax forms for individuals who have received more than \$600.00 in reimbursement allowances from our organization a calendar year. You will need to fill out the top portion of the form, enter your Social Security number in Part I, and sign and date in Part II.

TYPES OF REIMBURSEMENT ALLOWANCES

1. Mileage Allowance: If you live more than 50 miles one-way from the conference, you are eligible for mileage reimbursement at \$0.39 cents per mile. The following forms are required:

- A completed and signed reimbursement allowance application and W-9 form.
- Supporting documentation: A document that shows the round-trip mileage from your house to the conference location and back (using MapQuest or similar tool). Calculate your mileage allowance amount with the following formula: $.39 \text{ cents} \times \text{number of miles round-trip} = \text{mileage allowance amount}$

2. Hotel Allowance: If you live more than 100 miles from the conference location, you can request reimbursement for a one night of a stay at a local hotel. The maximum reimbursement allowance **cannot exceed \$80.00** and the following forms are required:

- A completed and signed reimbursement allowance application and W-9 form.
- Supporting documentation: A receipt from the hotel that shows the cost of the room, and a zero balance verifying you paid for your room.

Listed below are hotels near the conference location, with rates comparable to the above mentioned reimbursement rate:

Baymont Inn

4685 NE 14th St
Des Moines, IA 50313
(515) 265-4777
www.baymontinns.com

Comfort Inn

4950 NE 14th St
Des Moines, IA 50313
(515) 266-6800
www.comfortinn.com

Travelodge

4685 NE 14th St
Des Moines, IA 50313
(515) 265-5671
www.travelodge.com

NOTE: The reimbursement rate of \$80.00 can be used toward the cost of *any* hotel in the Des Moines area; however, you are responsible for paying the cost difference if the room rate is higher. Follow the same instructions for reimbursement. You can browse hotels located in the Des Moines metro and surrounding areas at www.catchdesmoines.com/hotels.

3. **Respite and Childcare Allowance:** The respite allowance is provided by the Iowa Respite Coalition, and the childcare allowance is provided by ASK through grants and private funds. The respite allowance is available to pay for a respite provider for any individual, regardless of age. The maximum respite allowance **cannot exceed \$200.00** and the maximum childcare allowance **cannot exceed \$100.00**.

To apply for the respite allowance, you must meet one of these situations:

- You do not receive respite funding through an HCBS waiver or other source
- The individual with a disability who is eligible for respite cannot be cared for safely at the conference setting
- You requested childcare for your child or youth who is eligible for respite when you registered for the conference and childcare slots were full

NOTE: The respite provider may *not* be the spouse of the consumer, or parent, stepparent or guardian of the consumer.

To apply for the childcare allowance, you must meet one of these situations:

- Your child or children, regardless of disability, cannot be cared for safely at the conference setting
- You requested childcare when you registered for the conference and childcare slots were full

NOTE: The childcare provider may *not* be the parent, stepparent or guardian of the child/children.

The following forms are required for the respite/childcare allowance:

- A completed and signed reimbursement allowance application and W-9 form.
- Supporting documentation: The Respite/Childcare Allowance box on the allowance application must have the type of care marked, hourly respite or childcare rate listed, along with the care provider's signature.

SUBMITTING YOUR ALLOWANCE

You can submit your allowance application and supporting documents the following ways:

- **Mail:** ASK Resource Center
attn. Ashley Gill
5665 Greendale Rd, Suite D
Johnston, IA 50131
- **Email:** ashley@askresource.org
- **Fax:** (515) 243-1902
- **In person:** At the registration table on the day of the conference

All allowance requests must be postmarked by Saturday, May 16, 2015. ASK cannot pay any allowance requests received after this date. You can expect to receive your reimbursement within 30 days of submitting your application and supporting documentation.

CONTACT

If you have circumstances that you believe require additional financial support in order for you to attend the conference, or if you have questions or need assistance filling out your allowance application, contact:

Ashley Gill

ASK Resource Center

Phone: (515) 243-1713

Email: ashley@askresource.org.

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REIMBURSEMENT ALLOWANCE APPLICATION

You must fill out this form and the required W-9. All reimbursement allowances require a completed W-9.

Name _____
Address _____
City _____ State _____ Zip code _____
Email _____ Phone _____

<input checked="" type="checkbox"/>	<i>Follow the instructions carefully to ensure that your application is processed in a timely manner</i>	<i>Write the requested allowance amount in the corresponding box</i>
<input type="checkbox"/>	<p align="center"><u>MILEAGE REIMBURSEMENT ALLOWANCE</u></p> <p>I live more than 50 miles one way from the conference location and am submitting for a mileage allowance of .39 cents per mile. I have attached a document showing my mileage round-trip (using MapQuest or similar tool).</p> <p align="center">.39 cents x _____ miles round-trip = \$ _____</p>	<p>MILEAGE ALLOWANCE AMOUNT</p> <p>\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>HOTEL REIMBURSEMENT ALLOWANCE</u></p> <p>I live more than 100 miles from the conference location and am submitting for a hotel allowance of one nights stay not to exceed \$80.00. I have attached my hotel receipt showing a zero balance.</p>	<p>HOTEL ALLOWANCE AMOUNT</p> <p>\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>RESPITE/CHILDCARE REIMBURSEMENT ALLOWANCE</u></p> <p>I fit the criteria outlined in the Allowance Policy and am submitting for a respite allowance not to exceed \$200.00, or childcare allowance not to exceed \$100.00. I have selected the type of care, listed the hourly rate and number of hours, and obtained my care provider's signature.</p> <p>Type of care: <input type="checkbox"/> Respite <input type="checkbox"/> Childcare Hourly rate: \$ _____ Number of hours: _____</p> <p>Care Provider Signature _____</p>	<p>RESPITE/CHILDCARE ALLOWANCE AMOUNT</p> <p>\$ _____</p>
<p><i>By signing below, I confirm that I have completed and signed the allowance application <u>and</u> W-9 form, attached the supporting document(s) as required, and have added together the allowance amount(s) I am applying for and entered the amount in the shaded box →</i></p> <p><i>For those applying for respite/childcare allowance: My signature confirms that the care provider is not the parent, stepparent, guardian or spouse of the consumer.</i></p>		<p>TOTAL ALLOWANCE AMOUNT</p> <p>\$ _____</p>

Applicant Signature

Date

ASK Resource Center Executive Director Signature

Request for Taxpayer Identification Number and Certification

Give Form to the
 requester. Do not
 send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate	
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶	
	<input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.)		Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number									

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶	Date ▶
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.