

2015 STIPEND APPLICATION

Families Helping Families of Greater Baton Rouge

Consumers 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: **Jamie Tindle**, Families Helping Families of Greater Baton, 2356 Drusilla Lane, Baton Rouge, LA 70809. For more information, call (225) 216-7474 or 1-866-216-7474. You may also fax the completed and signed form along with completed registration information, mileage documentation (if requesting mileage, Mapquest), hotel receipts, etc...Fax # 225-216-7977. Stipends are made available through the financial support of the Louisiana Developmental Disabilities Council

First Name _____ Last Name _____ Agency/Organization/Individual who informed you of Families Helping Families Program _____

Street Number _____ Street Name _____ City _____ State _____ Zip Code _____
REGION 2

Home Phone _____ Work Phone _____ Cell Phone _____ Parish _____ Region _____

DEMOGRAPHICS

___ Rural ___ Suburban ___ Urban

INDIVIDUAL (Person Completing Form)	GENDER	ETHNICITY	INDIVIDUALS AGE (Person Completing Form)
<input type="checkbox"/> Individual with a disability <input type="checkbox"/> Person with age-related limitation <input type="checkbox"/> Parent of an individual with a disability <input type="checkbox"/> Family Member <input type="checkbox"/> Other	___ Male	<input type="checkbox"/> African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Latin <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Birth to 3 <input type="checkbox"/> 45 to 64 <input type="checkbox"/> 4 to 5 <input type="checkbox"/> 65 to 74 <input type="checkbox"/> 6 to 15 <input type="checkbox"/> 74 + <input type="checkbox"/> 16 to 21 <input type="checkbox"/> Unknown <input type="checkbox"/> 22 to 44
	___ Female		

Functional Limitations of Individual with a disability ___ Seeing ___ Speaking ___ Breathing ___ Learning ___ Neurological
 ___ Hearing ___ Walking ___ Reaching/Lifting ___ Health ___ Psychological/Behavioral

INDIVIDUAL GENDER (Person With a Disability)	ETHNICITY (Person with a disability)	INDIVIDUALS AGE (Person with a disability)
___ Male ___ Female	<input type="checkbox"/> African America <input type="checkbox"/> Caucasian <input type="checkbox"/> Hispanic Latin <input type="checkbox"/> Asian American <input type="checkbox"/> Native American <input type="checkbox"/> Other	<input type="checkbox"/> Birth to 3 <input type="checkbox"/> 45 to 64 <input type="checkbox"/> 4 to 5 <input type="checkbox"/> 65 to 74 <input type="checkbox"/> 6 to 15 <input type="checkbox"/> 74 + <input type="checkbox"/> 16 to 21 <input type="checkbox"/> Unknown <input type="checkbox"/> 22 to 44

<u>STIPEND REQUEST</u> Event Attending (Attach Information) _____ _____	Location of Event _____ Date(s) of Event _____
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\$ _____ Registration Fee (Please attach registration form)
 \$ _____ Hotel Accommodations (Conference hotel rate or less. RECEIPT NEEDED) Number of Days _____
 \$ _____ Meals ___ Breakfast ___ Lunch ___ Dinner (Give Quantity of Each)
 \$ _____ Travel Number of miles one way _____
 \$ _____ Other... Please specify

No. of persons in family with disabilities _____ No. of family members attending Event _____

User of Assistive Technology <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know what assistive technology is	NAMES AND AGES OF FAMILY MEMBERS ATTENDING EVENT
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In 25 words or less, please state why Families Helping Families should sponsor you or your family member(s) to attend this event. Use back of sheet if necessary.

Amount Requested Approved Stipend amount Initials of staff Response Date

Signature of Applicant _____ Date _____