

INDIANA FAMILY TO FAMILY
 APPLICATION FOR THE FAMILY INVOLVEMENT FUND
 October 1, 2009 – September 30, 2010
General Information

Application Date: _____

This is an Application for:

- Training Event (e.g., conference, workshop, online)
- Books, Printed Materials, CD/DVD/Video
- Other Meetings (e.g., special education, task force, hearing)

Please Complete Name & Contact Information:

First Applicant: _____
First & Last Name

Relationship to Child:
 Parent _____ Grandparent _____ Other Relative _____ Foster _____ Educational Surrogate _____ Legal Guardian _____

Second Applicant: _____
First & Last Name

Relationship to Child:
 Parent _____ Grandparent _____ Other Relative _____ Foster _____ Educational Surrogate _____ Legal Guardian _____

Address #1: _____
Street Address, P. O. Box
 City, State, Zip: _____

Address #2: _____
Street Address, P. O. Box
 City, State, Zip: _____

County: _____

Daytime Phone: _____

Email: _____

Please Complete Information About Your Child:

Child's Full Name: _____

Child's Age: _____ (birth through age 5 only)

- Race:
- African-American/Not Hispanic _____
 - American Indian/Alaskan Native _____
 - Asian/Pacific Islander _____
 - Hispanic _____
 - Multi-Racial _____
 - White/Not-Hispanic _____

Current Services: First Steps _____ Special Education _____

Your Child's Disability:

Autism Spectrum Disorder _____	Emotional Disability _____
Blind or Low Vision _____	Language or Speech Impairment _____
Cognitive Disability _____	Multiple Disabilities _____
Deaf or Hard of Hearing _____	Other Health Impairment _____
Deaf-Blind _____	Orthopedic Impairment _____
Developmental Delay (Early Childhood) _____	Specific Learning Disability _____
	Traumatic Brain Injury _____

APPLICATION FOR INDIANA'S FAMILY INVOLVEMENT FUND: **PRINT MATERIAL/MEDIA**
Estimated Reimbursement

We encourage families to first check with our CeDIR Library regarding available materials. The CeDIR collection can be found at: <http://www.iidc.indiana.edu/cedir/>

Please Read!

Not covered: The purchase of developmental toys, materials (including flash cards or consumables such as worksheets), equipment, children's videos or CDs/DVs, or other items for specific use by a child or family will not be covered. Materials must be for use of adult family members who wish to learn more about their child's disability and the systems that provide services, to better understand their roles and responsibilities as consumers and advocates; to become better informed, and become better able to understand and manage the complexities of their child's disability. If you have any questions, please contact Cathy Beard at the address/email below.

Title of Purchase: _____

Company/Supplier: _____

Company Address or URL: _____

Type of media: _____

Purchase Cost: \$ _____

Total Reimbursement Request from FIF: \$ _____

Have you used the Family Involvement Fund before? Yes _____ No _____
If yes, when and for what purpose? _____
Have you requested support from other sources to purchase this material? Yes _____ No _____
If yes, please list source: _____
Amount received: \$ _____

Mail or fax application to: ECC/FIF, Indiana Institute on Disability & Community, 2853 East Tenth Street
Bloomington, IN 47408 FAX: 812-855-9630