

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 _____ Blind or Low Vision _____ Cognitive Disability _____ Deaf or Hard of Hearing _____ Deaf-Blind _____ Developmental Delay (Early Childhood) _____	Emotional Disability _____ Language or Speech Impairment _____ Multiple Disabilities _____ Other Health Impairment _____ Orthopedic Impairment _____ Specific Learning Disability _____ Traumatic Brain Injury _____
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APPLICATION FOR INDIANA'S FAMILY INVOLVEMENT FUND: **OTHER MEETINGS**

The Family Involvement Fund will assist families to participate in activities (public forums and meetings, task forces and work groups, etc.) that are intended to solicit public/consumer input and perspective concerning disability-related public policy, programs and services.

Parents who are requested to participate in formal meetings, committees, task force, etc. may receive a stipend. The following stipulations generally apply:

- must be the parent of a child with disabilities
- must have no other paid affiliation or role with the organization hosting the formal meeting, committee, task force, etc.
- must not be participating with the financial support of another program
- events or activities of 4 hours or less/day (including travel) may be reimbursed \$50
- events or activities of more than 4 hours/day (including travel) may be reimbursed \$100
- An email or signed letter of verification from the head of the agency or organization sponsoring the activity to the FIF address below is required.
- If a parent receives a stipend for requested participation during a project year (October 1, 2009 – September 30, 2010), the stipend amount is not deducted from the \$250 per person/\$500 per family maximum FIF amounts.
- Parents interested in becoming members of the LPCC (Local Planning and Coordinating Council) should contact their local LPCC Coordinator. LPCC Coordinators facilitate parent reimbursement through the Family Involvement Fund and an application form is not required.

Name of Meeting: _____

Brief Description of the Event: _____

Date: _____

Location: _____ (City, State)

Confirmation by the Meeting Chairperson is required

Please request the Chairperson to email us beardc@indiana.edu to confirm you are a participant in this meeting AND attended. If we do not have confirmation, we will not be able to process your stipend request.

Name of sponsor or chairperson of this meeting: _____

Email address: _____ Phone: _____

If you have any questions regarding reimbursement for attending meetings, or want to verify eligibility, please contact Cathy Beard beardc@indiana.edu or 1-800-825-4733.

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