**The Arc of Illinois**

**Family to Family Health Information and Education Center**

[**www.thearcofil.org/familytofamily**](http://www.thearcofil.org/familytofamily)[**familytofamily@thearcofil.org**](mailto:familytofamily@thearcofil.org)

**708-560-6703 (voice) 866-931-1110 (toll free for Illinois families)**

Family/Consumer Stipend Form:

Date

Name

Address

City \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State County Zip

Phone E-Mail

***Event: Update on Health Care Reform 10/21/14***

I am a: consumer parent family member

Name of child with special needs

Birth date: (year must be between 1992-2014)

Type of special needs/diagnosis:

Current school placement or graduation date:

**Amount requested (please check all that apply):**

$ Conference registration: (copy of submitted registration form must be attached)

$ Mileage: # miles round trip x $.50/mile =$ ($25 maximum)

$ Public transportation: specify round trip train or bus fare

($15 maximum)

$ Child care: ($25 per family maximum)

**$ Total Requested** ($160 total maximum)

Signature:

Project Director Approval: