

Consumer Involvement Program Consumer Stipend Funds

The Arc of Illinois, through a grant from the Illinois Council on Developmental Disabilities administers the Consumer Involvement Program and distributes consumer stipend funds to enable people with developmental disabilities and their family members to attend conferences of their choice that are directly related to developmental disability issues.

Who can apply?

- Illinois resident
- A person with a developmental disability
- Family members of a person with a developmental disability
- A guardian/foster parent of a person with a developmental disability
- Accompanying support staff of an individual with a developmental disability.



What Can I Apply For?

- Conference must be directly related to developmental disabilities
- In-state or out-of state



What can I use these funds for?

- Conference Registration
- Child Care
- Respite Care
- Meals
- Personal Attendant
- Hotel
- Transportation



How much can I apply for?

- \$200 per person per year
- \$400 per family per year

Limitations:

- Participants are limited to a maximum of two stipends per year per individual or family within funding limit.
- Any single conference is limited to a maximum of 20 consumer stipends or a maximum of \$10,000 which ever occurs first. The stipends are issued on a first come first served basis.
- Organizations are limited to a maximum of 10 consumer stipends per conference submitted on behalf of people in their care.
- Anyone that has not provided complete documentation of and receipts for any Consumer Involvement Fund stipend received is ineligible for any further support until said documentation is provided.

How do I apply?

Any Questions? Call 815-464-1832

- The application form must be completed and returned to The Arc of Illinois with a copy of the **conference brochure and a completed registration form.**
- The application must be filled out in the person(s) name attending the conference and hotel/motel information and rates should be included, if requesting.
- All applications and conference registration forms must be received 30 days prior to the date of the conference/workshop.
- Conference or workshop topics must specifically relate to developmental disability issues.
- Stipends are not approved retroactively for previously attended conferences.

Where do I apply?

Complete the application form and mail or fax it to the following address. A completed copy of the conference registration form and a copy of the conference brochure **MUST** be submitted with the application.

**Consumer Involvement Program - The Arc of Illinois
20901 S. LaGrange Rd., Suite 209
Frankfort, IL 60423
Fax (24 hours): 815-464-5292**

**Any
Questions?
Call 815-
464-1832**

How do I learn if I get a stipend?

- Completed applications are reviewed by a review team committee to determine whether the conference is related to a developmental disability issue, whether the applicant is eligible for funds, and whether or not there are funds available. A consumer self-advocate serves on the review team.
- Applicants are notified in writing following the review team's decision. Every effort is made to ensure the stipends are received before the scheduled event.
- The maximum financial assistance per year is \$200/person or \$400/family.
- Please do not call to find out if your application has been approved. We will contact you as soon as possible.
- Denials may be appealed in writing to The Arc of Illinois.

Appeal Process:

- If you have been denied a consumer stipend after submitting a complete application, you may appeal the denial.
- To appeal a denial, write a letter stating the reasons for your appeal and either fax it to 815-464-5292 or mail it to:

**The Arc of Illinois, Consumer Involvement - Appeal
20901 S. LaGrange Rd., Suite 209
Frankfort, IL 60423**

Requirements of Stipend Fund Users:

- It is the applicant's responsibility to make sure that the original application form is complete. Where applications are incomplete, project staff will contact you to try and assist in completing the application; however, it is the applicant's responsibility to make sure that they complete the application accurately.
- Applications are not considered completed until the **conference brochure, conference registration form,** and total conference expense details are submitted.
- Funds must be used for the stated purposes.
- Unused funds are returned so that more people with developmental disabilities can attend more conferences.
- Receipts are submitted for all expenses funded through the stipend.
- Any individual, family, or organization that has not provided complete documentation of and receipts for any Consumer Involvement Program stipend funds received is ineligible for further support until such documentation is provided.
- People using stipends must complete and submit a post-conference evaluation form and are expected to:
 1. use the information received through the conference attended to make a change in their life or to share the information with others.
 2. include on the evaluation form what changes have been made or information shared after the conference.



Application Form - Consumer Involvement Program Consumer Stipend Funds



Name _____ Date _____

Address _____

City _____ County _____ Zip _____

Phone _____ E-Mail _____

Fill in the blanks that apply:

- I am a person with a developmental disability. My disability is _____
- My family member (circle one: son, daughter, other _____) is a person with a developmental disability. Family Member Name: _____
Their disability is: _____
- I am the guardian/foster parent of a person with a developmental disability. Their disability is: _____

Names and date of birth (DOB) of all family members attending the conference/workshop.

- | | | | |
|----------|-----------|----------|-----------|
| 1. _____ | DOB _____ | 3. _____ | DOB _____ |
| 2. _____ | DOB _____ | 4. _____ | DOB _____ |

Name of conference/workshop you want to attend: _____

Dates _____ Location _____

Have you used the Consumer Stipend Project before?

If so, when _____ For what conference? _____

Enter amount of financial assistance needed for (maximum received is \$200/person or \$400/family):

Registration	\$ _____	Child Care	\$ _____
Attendant	\$ _____	Respite Care	\$ _____
Hotel	\$ _____	Meals	\$ _____
Transportation	\$ _____		

Total Costs \$ _____

The following statement must be signed to validate this request: I am requesting assistance from The Arc of Illinois, through funding from the Illinois Council on Developmental Disabilities, to attend a conference that I would be unable to attend without this support. I promise to use the funds for the stated purposes and to submit receipts for all expenditures funded through this stipend. I will also complete a post-conference evaluation form.

Signature _____



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Frankfort, IL 60423



Funded through a grant from
the Illinois Council on
Developmental Disabilities



**Illinois Council on Developmental Disabilities
and The Arc of Illinois**



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