**The Arc of Illinois**

**Family-to-Family Health Information Center**

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

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

 Family/Consumer Stipend Form

Name Date:

Address

City County Zip

Phone E-Mail­­­­­­­­­­­­­­­­­­­­­­­

***Event: Annual Health Care Conference- virtual event September 1, 2020***

I am a: Youth Self-Advocate Parent Family Member

Name of child with special needs

Birthdate: (year must be between 1999-2020)

Type of special needs/diagnosis:

Current school placement or graduation date:

**Amount requested (please circle/check the one that applies):**

**One stipend per family.**

**\_\_\_$45.00 I am a member of The Arc of Illinois.**

**\_\_\_$65.00 I am not a member of The Arc of Illinois.**

**Do not send payment. This Stipend Application must be submitted with your registration form.**

**We will apply your stipend directly for the registration fee.**

**We will send you the Zoom Webinar link for our event after your registration is processed.**

Signature:

Project Director Approval: