

## 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 residents
- 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

### What can I apply for?

- Conference must be directly related to developmental disabilities
- In-state or out-of-state conference
- Conference can be virtual or in-person

### What can I use these funds for?

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

### How much can I apply for?

- \$450 per person per calendar year
- \$750 per person per calendar year

### Limitations

- Participants are limited to a maximum of five stipends per 12-month period per individual/family not to exceed the funding limits.
- Any single conference is limited to a maximum of 25 consumer stipends or a maximum of \$10,000 whichever occurs first. The stipends are issued on a first come first served basis.
- Organizations are limited to a maximum of 15 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 documentation is provided.

### Any Questions?

Please call 815-464-1832

### How do I apply?

- **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 should 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.

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### 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**  
9980 190th Street, Suite C  
Mokena, IL 60448  
Fax (24 hours): 815-464-5292

Any  
Questions?  
Please 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 12-month period is \$450/person or \$750/family.
- 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. **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**  
9980 190th Street, Suite  
Mokena, IL 60448

### 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:**
  - Use the information received through the conference attended to make a change in their life or to share the information with others.
  - 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:**

1. I am a person with a developmental disability. My disability is \_\_\_\_\_
2. My family member (circle one: son, daughter, other \_\_\_\_\_) is a person with a developmental disability.  
Family Member Name: \_\_\_\_\_

Their disability is: \_\_\_\_\_

3. 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?** Yes No  
If so, when \_\_\_\_\_ For what conference? \_\_\_\_\_

**Enter amount of financial assistance needed for (maximum received is \$450/person or \$750/family):**

Registration \$ _____	Child Care \$ _____
Attendant \$ _____	Respite Care \$ _____
Hotel \$ _____	Meals \$ _____
Transportation \$ _____	
<b>Total Costs</b> \$ _____	

**Which of the following topics apply to your conference? Circle all that apply:**

- |                       |                        |                    |                     |
|-----------------------|------------------------|--------------------|---------------------|
| 1. Employment         | 5. Inclusive Education | 9. Child Care      | 11. Health Services |
| 2. Housing            | 6. Education Rights    | Quality Assurance  |                     |
| 3. Recreation         | 7. Transportation      | Leadership         |                     |
| 4. Community Supports | 8. Early Intervention  | Self-Advocacy      |                     |
|                       |                        | Self-Determination |                     |

**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 \_\_\_\_\_



9980 190th Street, Suite C  
Mokena, IL 60448



Funded through a grant from  
the Illinois Council on  
Developmental Disabilities



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



**Consumer  
Involvement  
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