Consumer Stipend Program

The Arc of Illinois, through a grant from the Illinois Council on Developmental Disabilities, administers the Consumer Stipend Program. This program distributes consumer stipend funds to enable people with intellectual and/or developmental disabilities and their family members to attend conferences of their choice. The conference must be directly related to intellectual and/or developmental disabilities.

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 use these funds for?

- Conference registration
- Childcare
- Respite care
- Meals
- Transportation
- Hotel
- Personal Attendant

Any Questions? Or need assistance completing your application?
Please call 815.464.1832

How much can I apply for?

- $450 per person
- $800 per family

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 their consumer stipend received is ineligible for any further support until documentation is provided.

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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 list the name(s) of the individual attending, including hotel and transportation rates, 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.
- Submit your application and supporting documentation to The Arc of Illinois:

7550 183rd Street
Tinley Park, IL 60477
Fax: 815.464.1832
Email: info@thearcofil.org

How do I learn if I get a stipend?

- The Review Team will process your application, confirming eligibility and funding availability.
- 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.
- Denials may be appealed in writing to The Arc of Illinois.

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. **This includes the conference brochure, registration form, and total conference expense details.**
- 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 or family that has not provided complete documentation of and receipts for a Consumer Stipend 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.

Consumer Stipend Program Application Form

Name: _____ Date: _____

Address: _____

City: _____ Zip: _____ County: _____

Phone: _____ Email: _____

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 Program before? ◯ Yes ◯ No

If so, when _____ For what conference? _____

Enter amount of financial assistance needed (maximum received is $450/person or $800/family):

Registration	$_____	Child Care	$_____	Meals	$_____
Attendant	$_____	Respite Care	$_____	Hotel	$_____
Transportation	$_____				
Total Costs	**$_____**				

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

☐ Employment	☐ Inclusive Education	☐ Child Care	☐ Health Services
☐ Housing	☐ Education Rights	☐ Quality Assurance	☐ Early Intervention
☐ Recreation	☐ Transportation	☐ Leadership	☐ Self-Advocacy
☐ Community Supports	☐ Self-Determination	☐ Other: _____	

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 _____