

**Stipend or Special Compensation Application for Family to Family Iowa 2012 Conference**  
***"Walking With Families-Encouraging Resiliency in Challenging Times"***  
 Sunday Evening, April 22<sup>nd</sup> & Monday, April 23<sup>rd</sup>

**Who is eligible to apply for a stipend or special compensation?**

A parent or primary caregiver of a child/youth (0-25 years) with a special health care need and/or developmental disability and/or a family navigator that otherwise would not be compensated under their current work agreement to attend or present.

**Check all requests that apply:**

**Sunday, April 22<sup>nd</sup>**

**Hotel room**, (eligible if traveling over 60 miles or more one- way from the conference site and attending both days. **Requires a submitted original hotel receipt for reimbursement**).

**Mileage** (direct route to and from the conference site) Total miles roundtrip \_\_\_\_\_  
 Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

**\$25.00 Stipend** request to help defray lost wages and associated incidentals (non UI)

**Monday, April 23<sup>rd</sup>**

**Mileage** (direct route to and from the conference site) Total miles roundtrip \_\_\_\_\_  
 Time of departure \_\_\_\_\_ Time of return \_\_\_\_\_

**\$75.00 Stipend** request to help defray lost wages and associated incidentals. (non UI)

In order to award and process stipends or special compensations, Family to Family Iowa needs the following information. **Please fax, email or mail the completed application with your registration no later than 4:30 p.m., April 6<sup>th</sup>** to: Phyllis Wood, Secretary, Child Health Specialty Clinics, 100 Hawkins Drive, 247 CDD, Iowa City, Iowa 52242-1011, Phone: 319-356-4248, Fax: 319-356-3715, Email: [phyllis-wood@uiowa.edu](mailto:phyllis-wood@uiowa.edu)

*Awards will be considered on a first come, first serve basis until special funding is exhausted.*

**Payee Information**

Name \_\_\_\_\_ SSN (non- UI employees) \_\_\_\_\_

Home Address \_\_\_\_\_

Daytime or Cell phone number \_\_\_\_\_

<b>Is the Above Payee:</b>	<b>Circle</b>
Full Time Federal Employee	Yes No
Primarily a UI Student	Yes No
University of Iowa Employee	Yes No
State of Iowa Employee (not UI)	Yes No
If yes, provide employer name/address _____	
Relative of the Project Director	Yes No
A U.S. Citizen or resident of the U.S or U.S. territories?	Yes No
If NO, the following information is required: VISA Type _____	
Tax Residency Country _____	Date of Birth _____
Permanent foreign address _____	

Signature \_\_\_\_\_ Date \_\_\_\_\_