

# Stone County Developmental Disability Board

## Educational Conferences/Seminars Selection Criteria

### 12/1/2017

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#### **Purpose:**

It is the desire of SCDDDB to facilitate and enhance the education of parents about their children's disabilities. Better educated parents are better equipped to respond to the needs of their own children, better informed when required to make choices and decisions that may have long-term consequences and better able to mentor and share their knowledge and experience with others who have just begun the journey of raising a child with a developmental disability.

#### **Conference Stipend Program Selection Criteria:**

#### **Eligibility:**

The applicant must be an individual residing in Stone County with a developmental disability or an immediate family member of a child between the ages of 0-18 years of age, with a developmental disability. Agencies requesting stipends on behalf of a group of individuals need to contact the SCDDDB office.

#### **Amount:**

SCDDDB will provide funding for parents to attend educational conferences/seminars as the budget allows. The Executive Director and SCDDDB will determine the amount of funding available and inform Service Coordinators that referrals are being accepted.

The total expenses reimbursed by SCDDDB per family, per year for conference/seminar registration, meals and/or hotel costs shall not exceed \$150.00

#### **Approval:**

SCDDDB will accept applications from eligible persons for funding allocated for educational conferences and seminars. All names of applicants will be placed in a "pool" for consideration. Selection from the "pool" will be based upon the selection criteria listed below. Selection shall be made by the Executive Director and SCDDDB.

#### **Selection Criteria:**

SCDDDB will use the following criteria in determining which parents/applicants will be selected to receive funding for attendance of parent training conferences, educational seminars and other activities.

- 1.) Parents of newly diagnosed children and those parents who have not previously attended educational conferences and seminars. (Parents whose child has most recently been diagnosed with a developmental disability are most in need of information to prepare them for the future and to help make sense of their past observations and experiences. These parents are most in need of opportunities to learn and will benefit from the shared knowledge of conference and seminar presenters.)
- 2.) Consideration will be given to the parent's ability to afford the cost of the registration fee and travel expenses.
- 3.) Parents who have participated in educational conferences and/or seminars funded by SCDDDB within the last twelve (12) months will not be selected to receive similar funding unless all other applicants have been accepted and funding is still available.
- 4.) The conference/seminar must be relevance to the child's diagnosis.

#### **Reimbursement:**

- SCDDDB will provide up to \$150.00 per family, per year for participation in educational conferences/seminars.
- For educational events held locally (within Stone County), funds made available shall only be applied to the cost of conference/seminar registration.
- No reimbursement will be paid for hotel costs if the educational event is held with 50 miles of Stone County.

- No reimbursement will be paid for mileage.
- Receipts for expenses incurred must be attached to all requests for reimbursement.

**There are two ways to receive SCDDB stipends (payments) for the event:**

- 1.) SCDDB will make payment directly to the conference
- OR
- 2.) SCDDB will make a reimbursement to the applicant.

**Application for Registration:**

Completed applications are to be submitted to the Executive Director or SCDDB. Call your Service Coordinator to request an application.

**Evaluation Required:**

All participants of educational conferences/seminars paid for by SCDDB will be asked to submit a written summary of the conference/seminar to the Executive Director or SCDDB within 30 days of the event.

**Effective Date:**

This ordinance shall be in full force and effect from and after the date of its passage and approval.

\_\_\_\_\_  
Chair, Board of Directors

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attest: Secretary of the Board

\_\_\_\_\_  
Date

**Stone County Developmental Disability Board**  
**Conference/Seminar Stipend Program for Individuals/Family Members**  
**APPLICATION for Stipend**

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**Request for SCDDDB Training Stipend:**

This form must be submitted when requesting a stipend; all eligibility requirements of the policy must be met. Complete one application per person making application for stipend. Send application to SCDDDB, PO Box 2383, Branson West, MO 65737

**Request Date:** \_\_\_\_\_

Receipts for direct reimbursement must be received within 30 days of the event.

**Name of Person Requesting Stipend:** \_\_\_\_\_

The applicant must be an individual with a developmental disability or an immediate family member of an individual with a developmental disability.

**Date of Conference/Seminar Attended or to Attend:** \_\_\_\_\_

Conferences must be professionally recognized and directly related to the individual's and/or family member's developmental disability. Individuals receiving stipends are required to submit a written summary of the conference/seminar to the Executive Director or SCDDDB within 30 days of the event.

**For the following reasons, I am interested in the following conference/seminar opportunity: (please list how this conference is related to the developmental disability and how information learned will enhance the life of the person with the disability. (Attach copy of conference/seminar notification)**

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(Continue on back if needed)

**Total Cost for Registration:** \_\_\_\_\_  
**Total Cost for Travel Expenses:** \_\_\_\_\_  
**SCDDDB Stipend Request** \_\_\_\_\_

Choose one of the following:

- I am requesting to be reimbursed directly. My paid receipt is attached. Receipts and written summary must be received within 30 days of the event.
- I am pre-registering for the conference. I would like SCDDDB to pay conference registration directly. I will provide a written summary within 30 days of the event.

Reimbursement:

Make check payable to: \_\_\_\_\_ or  
Send Check to: Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Contact Phone Number: \_\_\_\_\_

Review:

Date: \_\_\_\_\_ Amount Approved: \$ \_\_\_\_\_

Not Approved \_\_\_\_\_ Approved \_\_\_\_\_

Executive Director or SCDDDB Signature: \_\_\_\_\_