

Community Based Activities Stipend Application

Families Helping Families of Southeast Louisiana

Demographic Information

This is a one time opportunity for a community based activity stipend for individuals with developmental disabilities. Please complete this form in its entirety and return to: **Aisha Johnson, Families Helping Families SELA, 7240 Crowder Blvd. Suite 202, New Orleans, LA 70127**

Print Name _____

Print Address _____

Print City _____ Print Zip Code _____

Home Phone Number: _____

Cell Phone Number: _____

Social Security Number: _____

Individual Requesting Stipend is:

_____ Individual with a Developmental Disability

_____ Parent of a child with a Developmental Disability

Name of Child _____

DOB _____ Disability _____

Ethnicity of Individual Requesting Stipend:

_____ Africian American _____ Asian _____ Caucasian _____ Hispanic _____ Native American _____ Other _____

Disability - Please describe developmental disability and how this activity helped the quality of life of the individual with a disability:

Community Based Activity Information

Name of Activity: _____

Location of Activity: _____

Date(s) of Activity: _____

Stipend Information

Please check off what you are requesting a stipend for and submit appropriate backup documentation with application.

_____ Registration Fee \$ _____ (Must submit a copy of the registration form with application)

_____ Other \$ _____ (Please provide documentation of other expenses you are requesting a stipend)

Applicant Signature: _____ Date _____

Approval:

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Metropolitan Human Services District has very limited funding available to assist individuals with developmental disabilities to participate in community based activities **PRIOR TO JUNE 30, 2015.**

In accepting these funds you are confirming that this activity was attended. If the individual registered did not attend you will be required to return the funds.

Receipt of payment will be required prior to approving the reimbursement.

By signing below, I agree to the above terms and conditions for receiving a stipend from Families Helping Families of SELA.

Please Print Name _____

Please Sign Name _____

Date _____