

Stipend Consumer Documentation

Stipend Eligibility Verification

Part A: This applicant's or applicant family member's disability or disabilities meet ALL of the following conditions:

Please place a checkmark ✓ by all that are applicable.

☐ **Is attributable to a mental or physical impairment or a combination of mental and physical impairments.**

☐ **Is (was) manifested before the age of twenty-two (22).**

☐ **Is likely to continue indefinitely.**

☐ **Results in substantial limitations in THREE OR MORE of the following major life activities:**

- ☐ self care
- ☐ mobility
- ☐ learning
- ☐ self direction
- ☐ capacity for independent living
- ☐ economic self-sufficiency
- ☐ receptive/expressive language

☐ **Reflects the person's need for a combination and sequence of special, interdisciplinary, or generic care, treatment, or other services that are lifelong or of extended duration and are individually planned and coordinated.**

OR

☐ **The applicant's family member is a child, up to the age of 9, who has substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided**

This applicant does ☐ or does not ☐ meet the eligibility requirements as outlined in the developmental disabilities act.

I/we certify that no other source of financial support is available to allow my/our participation in the conference/event named in the stipend application.

Signature of consumer/family member: _____

I certify that, to the best of my knowledge, the information above is true and correct:

Signature of project director: _____

CHAPTER NAME:

ADDRESS:

EMAIL:

PHONE:

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Consumer Stipends Evaluation

Event:

Date:

Have you previously received a stipend from TCDD? Yes ☐ No ☐

In what ways will the knowledge and skills gained from this event be useful to you?

Suggestions:

Comments: