

The Family Center for Children and Youth with Special Health Care Needs

Conference Scholarship Application Information

The Conference Scholarship program is provided through the Family Center for Children and Youth with Special Health Care Needs (Family Center) which is the statewide parent-directed center within Children's Special Health Care Services (CSHCS). The Family Center offers emotional support, information and connections to community-based resources to families of children and youth with special health care needs. These services are provided for all children who have or are at risk for physical, developmental, behavioral or emotional challenges.

The Family Center is fortunate to be granted privately supported funds from a very generous bequest of Dr. James T. Pardee, a Dow Chemical Company founder and his wife through the Children's with Special Needs Fund (CSN Fund). The CSN Fund supports unique services and projects for children with special health care needs that are not provided by state or federal funds.

Caring for a child with special needs is definitely an educational experience. Most of us have had to learn about conditions, treatments, and procedures that we would never have imagined. At times, the information we seek is really hard to find or the condition is extremely rare. Sometimes research and treatment is moving ahead rapidly and the information available in writing is outdated.

The Family Center staff understands that in order to give our kids the best possible care, we need to have relevant and current information. We also know that we often get the most helpful tips by talking with other parents/professionals who have experienced similar situations or who are on the same journey.

There are many worthwhile conferences related to children and youth with special health care needs. There are times when the requests we receive exceed our budget. In order to make this opportunity available for many families, priority is given to families who have never attended a conference. Conference scholarships are also limited to one every two years per family. In addition, when several applications are submitted for the same conference, only **three** scholarships can be approved for the same conference within a fiscal year.



The Family Center for Children and Youth with Special Health Care Needs

The Application Process

Who can apply?

Families who live in Michigan can apply for a scholarship to help cover expenses for one parent (with a child, birth to 26 years old) to attend a conference related to their child's special need. A youth (14-26 with special needs) can also apply to attend a conference related to their own diagnosis, condition or treatment with a parent or on their own.

What conferences qualify?

Conferences must be held in the United States. The intent and the majority of the conference must be based on providing educational information related to the child's or youth's diagnosis.

How to apply

Fill out the application (page 6), complete a budget that describes the exact amount of funding you are requesting (page 7 and 8), complete the Additional Funding Source form (page 9) and include **a copy of the conference brochure or agenda with your application**. Mail or Fax to the Family Center (Address and fax number listed on the bottom of pg. 6 and pg. 10)

The review process

Once we receive your application, it is reviewed by a team. Although applications can be submitted at any time, the review process for any application does not begin until 120 days before the start of your conference. The review process usually takes up to 30 days at minimum. A decision of approval or denial is then made by the review team. If we receive your application at least **75 days** before your conference, you may qualify for a cash advance of half of your approved scholarship funding. We will contact you to inform you of your approval or denial status.

Conference approval

If your scholarship has been approved, you will receive an approval packet. In that packet you will find along with other paperwork, a *Conference Scholarship Agreement*, and a *W-9* (for your tax reporting purposes). Please complete and return the *Conference Scholarship Agreement and W-9*. Once we receive this information your approval process is complete.

If you qualify for a cash advance, please make sure to **attach a registration receipt verifying conference registration** with your paperwork. Once we receive all paperwork, the Family Center will issue a check request for half of the amount approved in your application for travel expenses. This process usually takes up to 45 days.

If your application is received later than 75 days before the conference, you will no longer qualify for a cash advance. Your application will still be processed however, due to timing, you will have to pay for your conference in full and receive reimbursement after conference completion. **Applications must be approved before attending the conference to receive payments or reimbursements for conferences.**

The Family Center for Children and Youth with Special Health Care Needs

After the Conference

While you are at the conference, we hope you have a great time and learn a lot! Please collect materials/handouts from your conference sessions and your **original itemized receipts**.

**Not itemized
Not reimbursable**



Harvest Moon
12125 N Oracle Rd D5
Tucson, AZ 85739
TEL:520-825-5351
www.harvestmoontucson.com

CARD TYPE : MC
CARD HOLDER : ██████████
CARD NUMBER : ██████████
EXPIRATION DATE : XXXX

DATE : 2013-11-11 TIME : 1:57:34 PM

Invoice# : 00301111
Table# : B05
Server Name : ██████████

Charge Amt\$: 19.46
TIP AMOUNT\$ _____
FINAL AMT\$ _____

**Itemized
Reimbursable**



Harvest Moon
12125 N Oracle Rd D5
Tucson, AZ 85739
TEL:520-825-5351
www.harvestmoontucson.com

Re-Printing 1
Dine In
Date: 11-11-2013 Time: 1:23PM # 30
Server: ██████████
TAB#: B05
No. of Guest : 2

1 L- Cashew Chicken w. Brown Rice w. Egg Flower Soup	7.50
1 L- Mongolian Chicken w. Brown Rice w. Egg Flower Soup	8.00
1 Hot Tea (per pot)	2.50
Amount :	18.00
TAX(8.1%) :	1.46
TOTAL :	19.46

Conference Report

A large part of offering conference scholarships to families is the idea that once a family attends a conference, they will share what they learned with other parents within the State of Michigan. At the conference, you have the opportunity to increase your knowledge about your child's or youth's special need/health condition. You will have a chance to talk to with other parents/professionals often from across the country, with similar interests.

We ask each parent (with a child, birth to 26 years old with special needs) and/or youth (14 yrs. to 26 yrs. with special needs) that attends a conference to write a conference report highlighting some of their conference experiences. We keep a copy of your report in our files for other parents who may want to attend the same conference in the future. We may also summarize your participation in the conference in our newsletters to families of children with special needs.

The summary will detail the following information along with any additional information you would like to add.

- General information – Conference title, dates, location, etc.
- What did you learn at the conference?
- What did you really like about the conference?
- Was there anything you wished the conference did differently?
- Would you recommend this conference to other families? Why or Why Not?

Mail these items and your final *Conference Scholarship Expense Record* and *Conference Scholarship Evaluation*. Once the materials, paperwork and receipts are received and reviewed, we will issue a check request for the final approved amount.

For information or assistance, please call our CSHCS *Family Phone Line* at **800-359-3722** and ask to speak to a Parent Consultant within the Family Center.

The Family Center for Children and Youth with Special Health Care Needs

Conference Scholarships Guidelines

The State of Michigan has specific guidelines for allowable expenses, necessary receipts and timelines for reimbursement. Please note that our scholarships can cover the following items when they are directly related to your conference attendance:

- Registration – will cover one parent (with a child, birth to 26 years old with special needs) and/or one youth (14 yrs. to 26 yrs. with special needs)
- Airfare for one parent (with a child, birth to 26 years old with special needs) and/or one youth (14 yrs. to 26 yrs. with special needs) - please provide a printout of estimated airfare
- Mileage - please provide a MapQuest or similar printout showing distance from home to event. Gas/fuel receipts are not reimbursable
- Parking Fees
- Ground Transportation-**rental cars are not reimbursable**
- Lodging – will cover day before conference, if needed, through the end of the conference date. Distance from home must exceed 100 miles to qualify for lodging.
- Childcare – reimbursed for child with special needs
- Meals not provided by conference/hotel – will cover for one parent (with a child, birth to 26 years old with special needs) and/or one youth (14 yrs. to 26 yrs.) with special needs. State rates and rules apply (see enclosed document). Only non-alcoholic beverages will be included for reimbursement
- Special Accommodations- will cover accommodations related to the child or youth's diagnosis such as seat extenders, wheelchairs, etc. with pre-approval

You must submit **original itemized receipts** to qualify for reimbursement.

You will need to make all of your own arrangements for the above items, get **original itemized receipts** for every approved expense, and return documentation and any unused scholarship money by the deadline (3 weeks after the last day of the conference).

Once approved, there are two ways to receive reimbursement for the approved conference costs. You have the option of:

- Receiving a cash advance for half of the approved conference costs and sending in paperwork, materials and receipts in order to be reimbursed the remainder after the conference.
 - **Prior approval and a receipt confirming registration is needed for a cash advance. Applications received later than 75 days before the conference do not qualify for a cash advance.**
- Paying for the entire approved conference costs and sending in paperwork, materials and receipts to receive reimbursement after the conference.

Only approved conference expenses will be reimbursed.

If you receive additional financial support from another organization (such as a church, business or agency), please make sure you're clear on what expenses that organization will cover prior to completing the budget information within the Conference Scholarship Parent/Youth Application. This will ensure that you seek the correct amount of funding from the Family Center.

Please remember applications must be approved before attending the conference to receive payments or reimbursements for conferences

The Family Center for Children and Youth with Special Health Care Needs

Conference Scholarship Travel Rates

Effective Date January 1, 2020 (rates subject to change)

Mileage Rates

Guidelines for mileage: .575 cents per mile

1. Total roundtrip mileage will be verified for accuracy, you may use MapQuest or similar printout showing distance from home to event.
2. **You do not need to submit gas receipts; reimbursement is for miles travelled only.**

Lodging Rates

1. Please make sure to check for discounted rates. Make sure to account for any taxes that may not be included in the lodging rates that are suggested on conference brochure. Call hotel, if necessary, for any additional information needed.
2. Verify hotel parking rates, if needed, and include in your budget under parking.

Meal Reimbursement Rates

State of Michigan Meal Reimbursement Guideline

	Breakfast	Lunch	Dinner
In State Travel	\$8.50	\$8.50	\$19.00
Out of State Travel	\$10.25	\$10.25	\$23.50

Travel Timeline for Meal Reimbursement

Reimbursable Meal	Travel Begins Before	And Travel Extends Past
Breakfast	6:00 a.m.	8:30 a.m.
Lunch	11:30 a.m.	2:00 p.m.
Dinner	5:30 p.m.	8:00 p.m.

Meal Reimbursement Guidelines

1. Meals not provided by conference/hotel – are covered for one parent with a child, birth to 26 years old with special needs and/or youth (14 to 26 yrs.) with special needs.
2. Must provide **original itemized receipts** detailing food, beverages, and tip amount.
3. Only non-alcoholic beverages will be included for reimbursement.
4. Meal costs exceeding the rates listed in the Meal Reimbursement Guidelines above will not be reimbursed.
5. Tips will be reimbursed up to 20% of total bill and is included in the rates listed above.

Childcare/Private Duty Nursing Rates

Childcare	Less than 4 hours	More than 4 hours
Child Care Rates	\$25	\$50
PDN Rates	\$50	\$75
PDN rate not to exceed \$525.00 per conference.		

1. Must obtain a signature on the *Conference Scholarship Expense Report* from childcare provider.
2. Childcare expense is for reimbursement for child with special needs care while parent is in transition to/from or during the conference only.
3. For Private Duty Nursing (PDN), please attach an estimate for pre-approval. **Not to exceed \$525**

The Family Center for Children and Youth with Special Health Care Needs

**Conference Scholarships
Parent/Youth Application**

Who is applying: Parent (of a child birth to 26) Youth (14 yrs. to 26 yrs.)

Parent Name: _____

Youth Name: _____ Child/Youth Birthdate _____

Address: _____ City: _____ Zip code: _____

County: _____ Daytime Phone: () _____

Email Address _____

Name of Conference: _____

Dates: _____ to _____ Location (City, State): _____

1. Has your family received a conference scholarship from the Family Center in the past?

No Yes Date attended: _____

2. Have you ever attended a conference related to your diagnosis (youth) or your child with special needs diagnosis, condition or treatment?

No Yes Date attended: _____

3. What is your/your child's diagnosis?

4. How will attending this conference benefit your family? (Please feel free to use the back of this page for additional space)

Mail or fax your completed paperwork to:
Family Center for Children and Youth with Special Health Care Needs
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909
Fax number 517-241-8970
Family Phone Line 800-359-3722

The Family Center for Children and Youth with Special Health Care Needs

Conference Scholarship Budget Worksheet

Please complete the *Budget Worksheet* and *Proposed Budget* form and submit with your application

Registration

Name of Conference	Registration Cost	Total (if discount given, cost after discount)
		\$

Mileage *please provide a MapQuest or similar printout showing distance from home to event.

Miles from Home to Event	Multiply	Round Trip Miles	Multiply	Reimbursement Rate	Total
	X 2	=	x	\$ 0.575	\$

Other Transportation Expense

Travel Date	Type of Transportation Plane/Taxi/Bus/Train/Parking/Tolls	Explanation of Need	Total
			\$
			\$
Total:			\$

Lodging/Hotel *Check for conference discounts (distance from home must exceed 100 miles)*

Dates	Name and Address of Hotel	Phone Number Of Hotel	Number of Nights	Amount per Night	Additional Fees or Tax	Total
				\$	\$	\$

Meals *must submit **original itemized receipts** to qualify for reimbursement

Maximum Allowed per Meal	In state	Out of state	Dates meals needed	Total
Breakfast	\$8.50	\$10.25		\$
Lunch	\$8.50	\$10.25		\$
Dinner	\$19.00	\$23.50		\$

Childcare/PDN *reimbursed for child with special needs/ **PDN rate not to exceed \$525.00 per conference.**

	Start Date/Time	Ends Date/Time	Total Days	Rates for childcare and PDN		Total
Child				\$25 for less than 4 hrs.	\$50 for 4 hrs. or more	\$
PDN				\$50 for less than 4 hrs.	\$75 for 4 hrs. or more	\$

The Family Center for Children and Youth with Special Health Care Needs

Conference Scholarship Proposed Budget

Please check all boxes that apply, provide necessary details, and total dollar amount requested for each item.

Registration Fees

- | | |
|--|--|
| <input type="checkbox"/> Conference registration | <input type="checkbox"/> One parent (of a child, birth to 26) \$ |
| | <input type="checkbox"/> One youth (14 yrs. to 26 yrs.) \$ |

Transportation & Lodging

- | | |
|--|--|
| <input type="checkbox"/> Roundtrip airfare | <input type="checkbox"/> One parent (of a child, birth to 26) \$ |
| | <input type="checkbox"/> One youth (14 yrs. to 26 yrs.) \$ |
| <input type="checkbox"/> Mileage reimbursement at .575 cents x _____ miles | \$ |
| <input type="checkbox"/> Parking fees and Tolls in the amount of | \$ |
| <input type="checkbox"/> Ground transportation (taxi, bus, shuttle) in the amount of | \$ |
| <input type="checkbox"/> Lodging: \$ _____ per night x _____ number of nights | \$ |

(Please remember to include taxes)

Other

- | | |
|--|----|
| <input type="checkbox"/> Meals (See worksheet and state rates sheet enclosed) | \$ |
| <input type="checkbox"/> Childcare (See worksheet to calculate total allowed) | \$ |
| <input type="checkbox"/> PDN | \$ |
| <input type="checkbox"/> Other requested expenses (ex. Wheelchair rental, seat extenders etc.) | \$ |

TOTAL AMOUNT REQUESTED — this is the total amount of the conference as a whole.

\$

Reimbursement: Please choose which option you prefer

- | | |
|--|----|
| <input type="checkbox"/> Cash Advance —Receive a check for half of the approved conference costs in advance. | \$ |
|--|----|

Applications received after the **75-day deadline** do not qualify for a cash advance. Receipt confirming registration must be received before a cash advance can be granted.

- | |
|--|
| <input type="checkbox"/> Total Reimbursement —Receive a check for the full approved conference costs after attending the conference. |
|--|

Only approved conference costs will be reimbursed. Please note: original itemized receipts, including tip amount, must be returned for reimbursement.

Please attach conference brochure or agenda, confirming dates and conference registration fees.

The Family Center for Children and Youth with Special Health Care Needs

Additional Funding Sources

I understand that a Scholarship from the Family Center for Children and Youth with Special Health Care Needs (Family Center) is to be used as a secondary source to other funding sources.

Name of Conference _____

Have you applied for any funding/scholarships to attend this conference other than the Family Center scholarship?

Yes No

Did you receive an approval or denial?

Yes No N/A

Are you waiting for an approval or denial?

Yes No N/A

If you have received funding/scholarship, how much was received? _____

I authorize the Family Center to contact the conference organizers to verify the information provided above.

We also verify the following:

- Conference Agenda
- Educational content conference is providing
- Funding available through the conference

Signature _____ Date _____

The Family Center Scholarship and/or money received from other funding sources may be taxable and may need to be reported on your income taxes. If you have concerns about how payment received from this scholarship will affect your family, you should talk to an accountant or the person who prepares your taxes. Additionally, if you are receiving services from programs that are based on income, you should discuss with your caseworker whether you need to report this income and how it may impact eligibility.

The Family Center for Children and Youth with Special Health Care Needs

Scholarship Checklist

Before Approval

- Application (page 6)
- Budget worksheet (page 7)
- Proposed Budget (page 8)
- Additional Funding Sources Form (page 9)
- Conference Brochure/Agenda
- Map Quest
 - Round trip from home to airport if flying
 - Round trip from home to event if driving

If Approved

- W9 (for your tax reporting purposes)
- Conference Scholarship Agreement (one copy)
- Receipt for registration (only needed before conference attendance when approved for a cash advance)

After Conference

- Conference Scholarship Expense Record
- Conference Scholarship Evaluation
- Conference material/handouts
- Conference Report
- Photo Release (if sending photos)
- Original itemized receipts (for pre-approved expenses only)
 - Registration (if receipt has not been submitted)
 - Airfare
 - Parking
 - Tolls
 - Ground Transportation (shuttle, taxi, Uber etc.)
 - Lodging
 - Meals (only itemized)
 - Special Accommodations

Family Center for Children and Youth with Special Health Care Needs
Michigan Department of Health and Human Services
P.O. Box 30734
Lansing, MI 48909
Fax number 517-241-8970
Family Phone Line 800-359-3722

The Family Center for Children and Youth with Special Health Care Needs

Michigan Department of Health and Human Services (MDHHS)

Please note if needed, free language assistance services are available.

Call 800-359-3722 (TTY users call 711).

Spanish	ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-359-3722 (TTY: 711).
Arabic	ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-359-3722 (رقم هاتف الصم والبكم:-:TTY:711).
Chinese	注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-359-3722 (TTY:711)
Syriac (Assyrian)	ܡܠܚܘܙܬܐ: ܐܝܢܐ ܘܘܨܘܠܐ ܐܘܪܟܐ ܕܥܘܣܘܟܝܢܐ ܕܥܘܣܘܟܝܢܐ ܕܥܘܣܘܟܝܢܐ ܕܥܘܣܘܟܝܢܐ ܕܥܘܣܘܟܝܢܐ. ܕܘܘܨܘܠܐ ܕܘܘܨܘܠܐ ܕܘܘܨܘܠܐ ܕܘܘܨܘܠܐ ܕܘܘܨܘܠܐ. 800-359-3722 (TTY:711)
Vietnamese	CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-359-3722 (TTY:711).
Albanian	KUJDES: Nëse flitni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në 800-359-3722 (TTY:711).
Korean	주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-359-3722 (TTY:711)번으로 전화해 주십시오.
Bengali	লক্ষ্য করুনঃ যদি আপনি বাংলা, কথা বলতে পারেন, তাহলে নিঃখরচায় ভাষা সহায়তা পরিষেবা উপলব্ধ আছে। ফোন করুন ১-৮০০-৩৫৯-৩৭২২ (TTY ১-৭১১)
Polish	UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-359-3722 (TTY:711).
German	ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer 800-359-3722 (TTY:711).
Italian	ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-359-3722 (TTY:711).
Japanese	注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。800-359-3722 (TTY:711) まで、お電話にてご連絡ください
Russian	ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-359-3722 (телетайп 711).
Serbo-Croatian	OBAVJESTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite 800-359-3722 (TTY Telefon za osobe sa oštećenim govorom ili sluhom 711).
Tagalog	PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-359-3722 (TTY: 711).

The Family Center for Children and Youth with Special Health Care Needs

The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. Further, MDHHS:

- Provides free aids and services to people with disabilities to communicate with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (large print, audio, accessible electronic formats, other formats); and
- Provides free language services to people whose primary language is not English, such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact the Section 1557 Coordinator. The contact information is found below.

If you believe that MDHHS has not provided services, or discriminated in another way, you can file a grievance with the Section 1557 Coordinator. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 Coordinator is available to help you.

MDHHS Section 1557 Coordinator
Compliance Office, 4th Floor
P.O. Box 30195
Lansing, MI 48909

517-284-1018 (Main), TTY users call 711, 517-335-6146 (Fax),
MDHHS-ComplianceOffice@michigan.gov

You can also file a civil rights complaint with the responsible federal agency.

<p>If your grievance or complaint is about your Medicaid application, benefits or services you can file a civil rights complaint with the U.S. Department of Health and Human Services at https://bit.ly/2pBS4YG, or by mail or phone at:</p> <p>U.S. Department of Health and Human Services 200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201 800-368-1019, 800-537-7697 (TDD)</p> <p>Complaint forms are available at https://bit.ly/2IKsHMS.</p>	<p>If your grievance or complaint is about your application for or current food assistance benefits, you can file a discrimination complaint with the U.S. Department of Agriculture (USDA) Program by:</p> <p>Completing a Complaint Form, (AD-3027) found online at: https://bit.ly/2g9zzpU or at any USDA office, or write a letter addressed to USDA at the address below. In your letter, provide all of the information requested in the form.</p> <p>To request a copy of the complaint form, call 866-632-9992. Send your completed form or letter to USDA by mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410</p> <p>Fax: 202-690-7442; or Email: program.intake@usda.gov</p>
---	--

MDHHS is an equal opportunity provider.