

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) and the Michigan Department of Health and Human Services (MDHHS).

Michigan parents with children (ages birth to 26 yrs.) who have, or are at increased risk for physical, developmental, behavioral, or emotional challenges can apply for a scholarship to help defray the cost of attending a conference related to their child's diagnosis. Conference scholarships are available for **one** parent to attend a conference related to their child's special need/diagnosis. Youth (ages 14-26) can also apply to attend a conference related to their own diagnosis, with a parent or on their own. Parents and youth can also apply to attend conferences related to leadership development and family engagement.

Guidelines

Only conferences, virtual or in-person, that provide an educational component and are located in the United States will be considered for reimbursement. Scholarships are limited to one conference every two years per family and only five scholarships will be approved for the same conference within a fiscal year. Applicants who are being paid in a parent/professional role by the organization, or a chapter or affiliate of the organization sponsoring the conference may not qualify for a conference scholarship. **Some exceptions may be considered. If you have questions, please contact us!**

The Application Process

To apply, fill out the application and complete a brief budget describing the amount of funding you are requesting and include a copy of the conference brochure or agenda with your application. Applications must be submitted at least 30 days, but no more than four months, before the conference. (Exceptions will be considered on a case-by-case basis). The review process may take up to 30 days and you will be contacted of your conditional approval or denial status. When you receive notification of conditional approval, you will also receive a *Conference Scholarship Agreement*, and a W-9 which must be completed and returned within **14** business days. Once this information is received, the approval process is complete.

Travel advance*

If your application is received at least 90 days before the conference, you may qualify for a travel advance of up to half of your approved scholarship funding. If approved for a travel advance, a receipt verifying conference registration **must** be included when you return your conference agreement and W9. You will be issued a check for half of the amount approved in your application for travel expenses. This process can take up to 60 days. Virtual conferences do not qualify for a travel advance.

After the Conference

Please send the conference expense record (*included in your approval packet*) photo release (if you are sending pictures) and pictures of your receipts for reimbursement. Documentation must be completed and returned within **14** business days after your conference. When submitting for reimbursement, you can fax, email or mail documentation. Email may be less secure. If you would like to know how to encrypt your documents, please see encryption instructions.

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Conference Expense Information

Mileage - Travelers should use the least expensive and most appropriate mode available. If mileage is approved, it will be reimbursed at the state approved premium rate. Please see a copy of the DTMB Schedule of Travel Rates for most recent rates. [DTMB - Travel \(michigan.gov\)](https://www.michigan.gov/dtmb) – Look under Travel Rates and Select Cities. A MapQuest or similar printout verifying distance from home to activity must be provided. **Gas/fuel receipts are not reimbursable.**

Parking and tolls will be reimbursed with submission of itemized receipts.

Other forms of transportation (bus, train, uber) will be reimbursed with submission of itemized receipts. Note, airline tickets and car rentals require prior authorization. Travelers should use the least expensive and most appropriate mode available. Exceptions may be considered on a case-by-case, if requested in advance and with written approval from the Family Center Manager.

Overnight accommodations will be reimbursed for individuals residing over 100 miles from the activity. Accommodations suggested by the conference and room block rates (if applicable) should be used for lodging. If you need to make other arrangements, pre-approval is required.

Meals not provided by hotel or during conference activities, and during the times reflected in the chart below, will be reimbursed at the state standard meal rate. Please see a copy of the DTMB Schedule of Travel Rates for most recent rates. [DTMB - Travel \(michigan.gov\)](https://www.michigan.gov/dtmb) – Look under Travel Rates and Select Cities.

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.

Childcare will be reimbursed per family. Childcare reimbursement is not applicable to spouses, legal guardians, or anyone residing in the household of the child. Childcare provider's name, address, phone number and original signature must be included on reimbursement form.

Special exceptions, such as the need for Private Duty Nursing will be considered on a case-by-case, if requested in advance and with written approval from the Family Center Manager.

Special Accommodations related to the child or youth's diagnosis such as seat extenders, wheelchairs, etc. may be covered with pre-approval. Conference sessions that have an additional fee can also be requested under special accommodations.

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Conference Tips

- Make sure you take a picture of your receipts so even if you misplace a receipt, you will have a copy to send.
- You may meet other families that you would like to stay in contact with. Make sure you have a notepad available to gather contact information.
- If you have business cards or cards with contact information, carry them with you to share your contact information.
- When reviewing information for the conference, pay attention to possible discounts for lodging, early-bird registration discounts, what meals are covered etc.
- 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.

**For information or assistance in applying for a conference scholarship,
please call Ayanna Eggleston at 517-335-8551 or EgglestonA@michigan.gov**

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Conference Scholarships Parent/Youth Application

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

Parent Name: _____

Child/Youth Name: _____ Child/Youth Birthdate: _____

Address: _____ City: _____ Zip code: _____

County: _____ Daytime Phone: () _____

Email Address: _____

Name of Conference: _____

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

1. What is your/your child's diagnosis? _____
2. Is your child currently enrolled in CSHCS? (**You do not have to be enrolled to receive a conference scholarship.**)
☐ No ☐ Yes
3. 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: _____
4. Has your family received a conference scholarship from the Family Center in the past?
☐ No ☐ Yes
 Date attended: _____
5. Are you currently serving in a leadership position on the Board of the organization, or a chapter or affiliate of the organization, sponsoring the conference, or being paid in any capacity by the organization?
☐ No ☐ Yes *If yes, please complete the form on page 5 of this application.*
6. How will attending this conference benefit your family? (Please feel free to use the back of this page for additional space)

Conference Scholarship Budget Worksheet – (In Person only)

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

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

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	\$ 0.70	\$

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 *meals will be verified per agenda/hotel.

Maximum Allowed per Meal	In state	Out of state	Dates meals needed	Total
Breakfast	\$9.75	\$11.75		\$
Lunch	\$9.75	\$11.75		\$
Dinner	\$22.00	\$27.00		\$

Childcare - Rates not to exceed \$525.00 per conference.

PDN - Rates not to exceed \$700.00 per conference.

	Start Date/Time	Ends Date/Time	Total Days	Rates for childcare and PDN	Total
Child Care				\$20 /hr., up to a maximum of \$75/day	\$
PDN				\$150.00 per day	\$

Conference Scholarship Proposed Budget

Have you applied for any funding/scholarships to attend this conference other than the Family Center scholarship? If so, what expenses will it cover?

☐ No ☐ Yes _____

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

<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.)	\$
<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 .70 cents x _____ miles			\$
<input type="checkbox"/>	Parking fees and Tolls			\$
<input type="checkbox"/>	Ground transportation (taxi, bus, shuttle)			\$
<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"/>	Private Duty Nursing (PDN) (See worksheet to calculate total allowed)			\$
<input type="checkbox"/>	Other requested expenses (ex. Wheelchair rental, seat extenders etc.)			\$

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

\$

\$

Travel Advance—Receive a check for half of the **approved** conference costs in advance.

- Applications received after the **90-day deadline** do not qualify for a travel advance. Receipt confirming registration must be received before a travel advance can be granted.

☐ **Total Reimbursement**—Receive a check for the full **approved** conference costs after attending the conference.

Only approved conference costs will be reimbursed. Itemized receipts must be returned for reimbursement.

Conference Scholarship Proposed Budget (Virtual only)

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.) \$ |

Other Cost

- | | |
|---|----|
| <input type="checkbox"/> Childcare (See worksheet to calculate total allowed) * | \$ |
| <input type="checkbox"/> Private Duty Nursing (PDN)(See worksheet to calculate total allowed) | \$ |

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

\$

Total Reimbursement – Receive a check for the full **approved** conference costs **after** attending the conference.

Virtual Conferences will not qualify for a travel advance due to the requirement of registration having to be prepaid for a travel advance to be issued.

***Childcare must be provided by someone who does not live within the home. For example, a spouse does not qualify for childcare reimbursements.**

Only pre-approved conference costs will be reimbursed.

Submitting your completed Conference Scholarship application

When submitting documents, you can fax, email or mail documentation. Email may be less secure. Please see encryption information (Pgs. 5 and 6). Please check here if we can email encrypted information to you. ☐

Email : cschcsfc@michigan.gov

Fax : 517-241-8970

Mail : 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

Further assistance : Family Phone Line, 800-359-3722

Per Family Center guidelines, applicants who are paid in a parent/professional role by the organization, or a chapter or affiliate of the organization sponsoring the conference, may not qualify for a scholarship. (See Family Center Conference Scholarship Application Information).

If you meet these criteria and would still like to be considered for a scholarship, please complete the following additional questions. Requests will be considered on a case-by-case basis and are dependent on available funding.

1. Name:
2. Name of Conference you would like to attend:
3. Name of organization with which you are affiliated:
4. Are you being compensated for your role with above organization?
Yes No
5. How many hours a month do you work for the organization?
6. Are you attending this conference as part of your job responsibilities?
Yes No
7. Is your organization financially supporting you to attend this conference?
Yes No
8. Have you attended this conference in the past?
Yes No
9. Have you received a scholarship from the Family Center in the past?
Yes No
10. Have you applied for any other sources of funding to support your attendance at this conference? If so, how much of the conference costs are being covered?
Yes No If so, how much?

Directions for Parents to Use MiEncrypt

To Reply to a message, you have received

- Press Reply
- Type MiEncrypt: - in the subject line behind the RE: message. **Example – RE: Family Center MiEncrypt**

It is very important that you put two spaces between the subject information and the word MiEncrypt. Without the two spaces your information will not be encrypted. The subject line is not encrypted, only the email. Please do not put personal information within the subject line.

To Send a message with confidential information

- Type MiEncrypt: message description into the subject. **Example – MiEncrypt: Family Center**

It is very important that you put two spaces after the colon. Without the two spaces your information will not be encrypted. The subject line is not encrypted, only the email. Please do not put personal information within the subject line.

To Receive

1. You will receive an initial email with MiEncrypt in the subject line. This email will contain the following message:

You have received an email from the State of Michigan secure messaging system.

To view your message.

Save and open the attachment (message.html) and follow the instructions.

Sign in using the following email address: **your email address.**

2. Click on the attachment. Then click on the open button.
3. A new window will open with the following message:

Encrypted message

From

My Email Address @michigan.gov

To

Your Email Address

To view the message, sign in with a Microsoft account, your work or school account, or use a one-time passcode.

4. Click on Use a one-time passcode. A new message will open in this window with the following statement:

We sent you a one-time passcode to your email.
Please check your email, enter the one-time passcode, and click continue.
The one-time passcode will expire in 15 minutes.

5. Now, return to the window with your email. You will receive a new email from Microsoft Office 365 Message Encryption with your one-time passcode to view the message in the subject line.

The email will contain the following message:
Here is your one-time passcode XXXXXXXX

NOTE: This one-time passcode expires 15 minutes after it was requested.

6. Copy the passcode provided in the email message and return to the second window. Paste the passcode into the box marked one-time passcode and then click continue.
7. The encrypted email message will now open in the second email for you to read.
8. Please note, the one-time passcode is only good for 15 minutes. If you do not use the password within 15 minutes, or if you would like to view the email again at a later time, you will need to follow the steps and request another one-time passcode.

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

Children's Special Health Care Services

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>
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MDHHS is an equal opportunity provider.

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