

Infant & Toddler Early Intervention Program

Part C of IDEA

Michigan Department of Lifelong Education, Advancement, and Potential
Office of Early Education



REQUEST FOR PARENT SUPPORT FUNDS

Parent's Name:

Email:

Phone:

Address:

City/State/Zip:

Date of meeting/activity:

Type of meeting/activity attended:

MICC meeting

MICC subcommittee meeting

Other

Time spent preparing for meeting/activity:

Date:

Total time spent preparing:

Task(s) completed:

Departure and return times for travel to and attendance at meeting/activity:

Departure time:

Time spent at meeting/activity:

Return time:

Total Time:

Mileage (Round Trip):

Earnings from honorarium reimbursements are taxable. You will need to report these earnings on your income taxes. If you are receiving services from government programs that are based on income eligibility, you need to report this amount to our caseworker within ten days.

Other expenses: *Please submit receipts with this section of the form.*

Lodging

Cabs

Tolls

Airfare

Tips

Conference Registration

Meal Allowance (per diem)

Breakfast

Lunch

Dinner

Signature:

Date:

Email completed form to Barb Schinderle at schinderleb@michigan.gov.

Authorization: (MiLEAP)

(The Arc)

Total hours:

Total mileage:

Per diem:

Amount approved:

Date:

Parent contact needed:

Date paid:

Check #:

Account #:

Required conditions verified:

Documentation of work assignment:

Individuals with disabilities may contact the MiLEAP ADA Coordinator to request an alternative format to these materials. Please visit www.michigan.gov/ADA for a list of state ADA coordinators.