

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: _____
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 amount: _____ Total mileage: _____ Per diem: _____
Amount approved: _____ Date: _____ Parent contact needed: _____
Date paid: _____ Check#: _____ Account#: _____
Required conditions verified: _____ Documentation of work assignment: _____