The Coalition of Texans with Disabilities presents:

Raise Your Voice!

Disability Issues Advocacy Training

April 5 - 6, 2017 | Robert E. Johnson Conference Center | Embassy Suites Austin Central

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Stipend Application

Through a grant from the Texas Council for Developmental Disabilities, the Coalition of Texans with Disabilities is offering a limited number of financial stipends to attend our annual advocacy day in Austin, TX April 5-6, 2017 for adults (over age 22) with developmental disabilities or parents of children with disabilities.

Available Stipends (please check ALL that you are applying for):

☐ **Registration Only Stipend:**

Available to Austin-area residents. This stipend covers:

- Training registration and materials.
- Hors d'oeuvres on Wednesday; breakfast, snacks, and lunch on Thursday. **Please note** that all other meals are the responsibility of the stipend recipient.

☐ **Registration + Hotel Stipend:**

Available to individuals traveling to Austin. This stipend covers:

- Training registration and materials.
- Hors d'oeuvres on Wednesday; breakfast, snacks, and lunch on Thursday. **Please note** that all other meals are the responsibility of the stipend recipient.
- Room at the Embassy Suites Wednesday and Thursday (April 5-6) nights. **Please note** that all hotel incidental costs (room service, ordering movies, etc.) are the responsibility of the stipend recipient. **Please also note** that while CTD will book attendees' rooms, it is the responsibility of the stipend recipient to make travel arrangements to and from Austin.

☐ **Personal Assistance Services (PAS) Stipend:**

CTD has limited funds for attendant care during the Training. If applying for a PA Stipend, please fill out the "Request for PA Assistance" section on page 3 of this application. PA Stipends are only available to out-of-town stipend applicants.

☐ **Travel Stipends:**

CTD has limited funds for travel expenses for attendees traveling to Austin. Travel stipends are only available to individuals traveling to Austin from out of town.

☐ **ALL APPLICANTS ACKNOWLEDGE:** we have limited stipend funds. If you receive a stipend and are unable to attend for any reason, **contact us as soon as possible**, even the day of the event. If you do not, **you will be ineligible** to apply for stipends to future CTD events.

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Personal and Contact Information

Last Name: First Name:

Age: Date of Birth: Gender: (optional)

Street Address:

City, State: Zip Code: County:

Phone: Cell Phone:

Email:

Personal Assistant's Name:

Ethnicity (optional): _____

Household family size and level of gross income (optional):

Check one	Household Size	Annual Income	Monthly Income	Weekly Income
☐	1	≤ $20,665	≤ $1,723	≤ $398
☐	2	≤ $27,991	≤ $2,333	≤ $539
☐	3	≤ $35,317	≤ $2,944	≤ $680
☐	4	≤ $42,643	≤ $3,554	≤ $821
☐	5	≤ $49,969	≤ $4,165	≤ $962
☐	6	≤ $57,295	≤ $4,775	≤ $1,102
☐	7	≤ $64,621	≤ $5,386	≤ $1,243
☐	8	≤ $71,947	≤ $5,996	≤ $1,384
☐	Each Additional Member	+ $7,326	+ $611	+ $141

Note: Figures are from Federal Income Eligibility Guidelines, 2012-2013.

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Preferences and Accommodations

Please check all that apply.

- ☐ Wheelchair accessible room
- ☐ Wheelchair accessible room with roll-in shower
- ☐ Wheelchair accessible transportation (i.e., shuttle bus)
- ☐ Accommodations for service animal
- ☐ Brailed conference materials
- ☐ Large font conference materials
  Please indicate font size: _____
- ☐ Electronic version of conference materials
- ☐ ASL interpreter
- ☐ CART services
- ☐ Special diet / food allergies
  Please explain:_____
- ☐ Other: _____
- ☐ Transportation while in Austin
  Describe: _____

Room Preference

- ☐ I prefer an ADA accessible room.
- ☐ I prefer an ADA accessible room, but if none are available, I will take a non-accessible room.

I am sharing a room with: _____

I am willing to share a double room with another participant. ☐ Yes ☐ No

Request for PA Assistance

	AM	PM	AM & PM	All Day
Hours needed Wed April 5	____	☐	____	____
Hours needed Thu April 6	☐	☐	☐	☐
Hours needed Fri April 7	☐	____	____	____

Certification and Eligibility Verification

I am a person with a disability.

☐ Yes, disability(ies):_____

☐ No

I am a family member of an individual with a disability.

☐ Yes, relationship & disability(ies): _____

☐ No

The disability(ies) of this applicant or applicant's family member must meet **all** of the following conditions. Check the box beside each condition that is applicable:

☐ Disability is attributable to a mental or physical impairment or a combination of mental and physical impairments.

☐ Disability is (was) manifested before the age of 22 (twenty-two).

☐ Disability 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

☐ Disability 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 (nine), who has a substantial developmental delay or specific congenital or acquired conditions with a high probability of resulting in developmental disabilities if services are not provided.

By signing below, I certify that no other source of financial support is available to my/ our participation in the Coalition of Texans with Disabilities' 35th Annual Convention. I further certify that all of the information I have provided in this application is true and correct, and I am willing to attend the Coalition of Texans' with Disabilities 35th Annual Convention if selected.

Signature of Applicant: _____ Date: _____

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

Project Director Signature: _____ Date: _____

Submission and Notification

The completed Stipend Application/ Eligibility Verification **must** be received **by March 7.**

Mail a printed copy:
Coalition of Texans with Disabilities
1716 San Antonio St.
Austin, TX 78701

Fax a printed copy: 512-478-3370, attn. Jordan Fogle
Email an electronic or scanned copy: jfogle@txdisabilities.org

CTD will acknowledge receipt of stipend application by email (or phone if no email is provided).

Every effort will be made to balance stipend awards by geography, disability, and ethnicity.

Applicants will be notified by phone and email if they are selected **by March 18, 2017**

If you need assistance filling out this document or have questions, please contact Jorden Fogle at 512-478-3366 ext. 313 or jfogle@txdisabilities.org.

Office Use Only:

☐ This Applicant meets the eligibility requirements as outlined in the Development Disabilities Act

☐ This Applicant does **not** meet the eligibility requirements as outlined in the Development Disabilities Act

Date received _____