

CONSUMER STIPEND PROGRAM

The Statewide Independent Living Council of Illinois (SILC) created a Consumer Stipend Program to enable persons with disabilities to attend conferences related to disability issues that they otherwise would be unable to attend due to financial constraints.

Who Can Apply? Stipends are granted only once every two years to people meeting the following criteria:

- A person with a disability.
- An immediate family member of a person with a disability.
- A guardian for a person with a disability.

How Much Can I Apply For?

The program will provide up to \$400 per person or \$600 per family for persons wishing to attend a disability related conference in Illinois. Individuals must provide receipts for all costs incurred following the conference.

How Do I apply?

The application form must be completed and returned to SILC along with the conference registration form the applicant plans to attend.

How Do I Learn If I Get a Stipend?

Each Stipend application is reviewed by a committee. The committee determines whether the conference is related to a disability issue; whether the applicant is eligible for funds; and whether the funds are available.

Conference registration will be paid directly by SILC. Travel expense reports including receipts must be returned to the SILC office. Hotel reservations are the responsibility of the applicant. SILC does not make hotel arrangements.

Acceptance or denials of applications will be made within fifteen (15) working days of the application being reviewed by the committee.

Where Do I Apply?

Complete the application form and mail it **along with the conference registration form** to:

The Statewide Independent Living Council of Illinois
510 East Monroe Street - 3rd Floor
Springfield, Illinois 62701
217-744-7777 (V/TTY)
217-744-7744 (FAX)

CONSUMER STIPEND PROGRAM APPLICATION

Name _____

Address _____

City/State _____ Zip _____

What County do you live in? _____ Phone (____) _____

Check All That Applies

- _____ I am a person with a disability.
_____ My family member is a person with a disability.
_____ I am the guardian for a person with a disability.

Name of Conference You Want to Attend (Conference registration form must be attached)

Dates: _____ Location: _____

Stipends are available to you only once every two years. Have you used SILC Consumer Stipend funds before? No Yes When: _____

Disability

- Physical Disability ____
Visual Impairment ____
Hearing Impairment ____
Mental Health Disability ____
Developmental Disability ____
Neuro/Muscular Disability ____

Ethnicity

- Caucasian ____
African American ____
Other: _____
Latino ____
Multi-Racial ____
Asian ____
Native American ____

Age Range

- Under 18 ____
18 - 24 ____
25 - 34 ____
35 - 44 ____
45 - 64 ____
65 and over ____

Income Level

- over \$20,000 a year ____
\$10,000 - \$15,000 year ____
\$15,000 - \$20,000 year ____
\$7,000 - \$10,000 year ____

Financial Assistance is Needed for: (please check all that apply and write in amount requested)

- Conference Registration fee \$ _____
- Personal Attendant Registration fee \$ _____
- Respite Care for: _____ \$ _____
- Hotel \$ _____
- Number of Rooms _____ Number of People _____
- Personal Attendant Care \$ _____
- Travel (Mileage @ \$0.50/mile) \$ _____
- Amtrak (Train ticket reimbursed) \$ _____

Total Amount Requested \$ _____

The following statement must be signed to validate this request:

I am requesting this assistance from the Statewide Independent Living Council of Illinois to attend a conference which I would be unable to attend without this support. **I promise to use funds for the stated purposes and to submit all required documents, including a post-conference evaluation form.**

Signature _____ Date _____

NOTE: The form MUST have the conference registration form attached. Applications will not be reviewed unless they are accompanied by a completed conference registration form. Priority is given to persons with disabilities who live in unserved and underserved areas of the state and who cannot access other funding sources. The total amount of the request may not exceed \$400 for an individual or \$600 per family.