STIPEND APPLICATION AND REGISTRATION INSTRUCTIONS

A grant has been received that is jointly provided by ADDA-SR and the Texas Planning Council for Developmental Disabilities. This grant provides consumer stipends to attend the 31st Annual ADDA-SR Conference, *Leading the Way in ADHD and Comorbid Conditions* to be held 2/9/19 in Houston, TX

Stipends are provided to first-time annual conference attendees who are Texas residents. Stipends are available to cover registration and in some cases, lodging. There are a limited number of hotel rooms available for those that live out of town. The hotel rooms are given first to those that will be double occupancy. Stipends **only** cover the food served at the conference. *If you have had an annual conference stipend before, there may be funds available for a portion of the registration fee.* For information, contact the office.

❖ You **must complete both** the Stipend Eligibility Verification form and the Registration Form.

❖ Email or fax the application and registration pages to addaoffice@pdq.net or 281-894-6883. You may also take a picture to submit via email. Please make sure any scan, fax or picture is clear and can be read!

❖ **Submit one Stipend Eligibility Verification form and one registration per person.**

❖ ADDA-SR will give each stipend recipient a **complimentary** one-year membership.

❖ If you have any questions, please call 281-894-4932 or visit our website www.adda-sr.org .

Stipend Consumer Documentation   Stipend Eligibility Verification

Name: _____ **Phone:** _____

*One application and registration form required for each attendee. (electronic signature OK)

Part A: Consumers and family members must meet the federal definition as outlined in the Developmental Disabilities Assistance and Bill of Rights Act of 2000:

    2.   DEVELOPMENTAL DISABILITY.—

        A.   IN GENERAL.—The term "developmental disability" means a severe, chronic disability of an individual that—

            i.   is attributable to a mental or physical impairment or combination of mental and physical impairments;

            ii.   is manifested before the individual attains age 22;

            iii.   is likely to continue indefinitely;

            iv.   results in substantial functional limitations in 3 or more of the following areas of major life activity:

                1.   Self-care.

                2.   Receptive and expressive language.

                3.   Learning.

                4.   Mobility.

                5.   Self-direction.

                6.   Capacity for independent living.

                 7.   Economic self-sufficiency; and

                8.   reflects the individual's need for a combination and sequence of special, interdisciplinary, or generic services, individualized supports, or other forms of assistance that are of lifelong or extended duration and are individually planned and coordinated.

        B.   INFANTS AND YOUNG CHILDREN.—An individual from birth to age 9, inclusive, who has a substantial developmental delay or specific congenital or acquired condition, may be considered to have a developmental disability without meeting 3 or more of the criteria described in clauses (i) through (v) of subparagraph (A) if the individual, without services and supports, has a high probability of meeting those criteria later in life.

**I am also applying for hotel accommodations: No_____ Fri. Night_____ Sat. Night _____
Limited number available, double occupancy preferred. Saturday night is provided only if it is too far to return.**

☐   I understand that upon receipt of this application if it includes hotel I will be contatced to submit credit card information to have on file in case I do not attend or let ADDA-SR know by 2/1/19.

    This applicant does ☐ or does not ☐ meet the eligibility requirements as outlined in the developmental disabilities act.

    I/we certify that no other source of financial support is available to allow my/our participation in the ADDA-SR 31st Annual Conference as named in the stipend application.

    Signature of consumer/family member: _____

FOR ADDA-SR USE ONLY – Do NOT sign below.

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

    Signature of project director: _____