

Parent Cluster LPCC Participant  
UTS Family Involvement Fund  
Parent Stipend Request

Date\_\_\_\_\_

Name \_\_\_\_\_

Address\_\_\_\_\_

City State Zip\_\_\_\_\_

County\_\_\_\_\_

Phone (    ) \_\_\_\_\_

Social Security # \_\_\_\_\_

1. Name of Child with special needs:\_\_\_\_\_

2. Age of Child with special needs:\_\_\_\_\_

3. Your relationship to the Child with special needs:\_\_\_\_\_

4. Activity:\_\_\_\_\_

5. Date(s): Location:\_\_\_\_\_

6. Ethnic Status (optional):  Hispanic  African-American  
 Asian-American  American Indian  Caucasian

Family Members (parents), please note the following before signing:

Parents who volunteer to participate in formal regional (cluster) LPCC activities may receive a daily stipend on the following basis:

- Parent volunteers must be parents of young children with disabilities under the age of 12.
- Parent volunteers must have no other paid affiliation or role in First Steps or be participating with the financial support of another program.
- Events or Activities of 4 hours or less/day (including travel) = \$50
- Events or Activities of more than 4 hours/day (including travel) = \$100
- If a parent receives a stipend(s) for requested participation during a project year, the stipend amount is not deducted from the \$250 per person or \$500 per family maximum payable amounts. It is considered to be separate.

Please note: Any person receiving \$600 or more in a calendar year will be issued an IRS Form 1099. That form is used to report taxable income.

"Under penalties of perjury, I certify that: (1) The number shown on this form is my correct Social Security Number or Taxpayer Identification Number (or I am waiting for a number to be issued to me) and to the best of my knowledge and belief, all other information provided is true, correct, and complete. (2) I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service that I am subject to backup withholding as a result of failure to report all interests or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding."

\$\_\_\_\_\_ (Stipend Amount for Parent Participant)

\_\_\_\_\_  
Family Member (parent) Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Cluster LPCC Coordinator or Chairperson Signature

\_\_\_\_\_  
Date

**Cluster/LPCC Coordinator or Chairperson and Parent Signatures are required. Please verify that all information provided on this form is correct.**

Please mail this form to: ECC/FIF, 2853 E. 10<sup>th</sup> Street, Bloomington, IN 47408, If you have questions, please contact Cathy Beard or Sharon Hauss at 1-800-825-4733/812-855-6508 or email [fif@indiana.edu](mailto:fif@indiana.edu).