

Family Stipend Form

Region 1 Advisory Council

Payee's Name:	Date:
Address:	Phone:
Meeting Date (s):	Number of meetings (Each meeting is up to 2 hours in duration)
_____ Grand Total (Number of meetings x \$ _____)	
Payee's Signature: _____	
RAC Co-Chair Name: _____	
RAC Co-Chair Signature: _____	
Date Received: _____	

Guideline for Stipend Distribution

1. Stipends will be paid to parents to cover costs associated with transportation and/or child care in order to attend RAC meeting.
2. One stipend per household.
3. A participant cannot receive a stipend if compensated from another source. Funds used are from the Citizen Review Panel to facilitate parent's involvement in RAC meetings.
4. A limited number of stipends are available.
5. Participant must pick up stipend in person through a RAC approved manager.
6. Individuals must complete the RAC Family Stipend Form.