

Consumer and Family Member Stipend Documentation

Part VI: Stipend Eligibility Verification

To be completed by the consumer and/or family member participant

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.

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 conference/event named in the stipend application.

Signature of consumer/family member: _____

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

Signature of project director: _____

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Part VII: Consumer and Family Member Stipends Evaluation *To be completed by the consumer and/or family member participant*

Event: 2019 NAMI Texas Annual Conference, “Road to Resilience”

Date: November 8 – 9, 2019

Have you previously received a stipend from TCDD? Yes No

In what ways will the knowledge and skills gained from this event be useful to you?

Suggestions:

Comments: