

Missouri DeafBlind Project
FAMILY INVOLVEMENT FUND



The Missouri DeafBlind Technical Assistance Project (MoDBTAP) is excited to offer financial support to families of children with deafblindness. MoDBTAP will provide financial assistance for family members of infants, children and youth (ages birth through 21) who are deafblind to further their knowledge and understanding of their child's disability and/or the programs and services that support their child, through the Family Involvement Fund. The financial assistance provided should be used to attend conferences and workshops (e.g. registration fees, lodging, travel), as well as to participate in online trainings and webinars or other agreed-upon opportunities.

In general, there is a \$500 limit per person or \$1000 limit per family per year, but awards may vary depending on total applications received. Monetary limits are subject to change depending on demand. We recommend that you apply as soon as possible. Applications will be accepted on a first come, first served basis. "Family" includes parents, stepparents, siblings, grandparents, legal guardians, and foster parents.

Requirements for reimbursement:

- Infant, child, or youth must be registered on the annual deafblind census; contact MoDBTAP to check if a child is registered.
- If approved for funding, applicant must save and submit original receipts for actual expenses and secure an agenda and/or program guide. The applicant must also complete all necessary paperwork required by the State of Missouri for reimbursement (Registering with MoBUYS, etc). You will be contacted with instructions to complete the reimbursement process after your application is approved.
- We ask that you share your knowledge with families that may not have been able to attend. This can be through a video posting on the MoDBTAP website, presentation at family groups, a short written post for our website, or other agreed-upon give-back.

**Missouri DeafBlind Project
Family Involvement Fund**



Today's Date:

Name of Child:

DOB:

Name of Family Member(s) Attending:

Relationship to Child:

Mailing Address:

Phone Number:

Email Address:

Name of Activity:

Date(s) of Activity (if known):

Location:

Actual Cost of Event:

Amount Requested (max \$1000*):

Additional Comments (include web link to requested training):

Signature

***Dependent upon number of applications, award amount may increase.**