



GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT ON DISABILITY SERVICES

DDS Stipend Request Form

Directions for completing this form:

- 1. The person requesting the stipend should fill out this form, with his or her name, address, date, and information on the meeting or activity attended and stipend being requested.
- 2. The form must be submitted to the DDS staff liaison to the Committee within two weeks of attending the meeting.
- 3. The DDS staff liaison to the Committee shall co-sign the form and is responsible for submitting it to the assigned Administrative Specialist for processing within one week of receipt.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Address: \_\_\_\_\_

*Stipends are subject to a maximum of \$50 per person, for each meeting, except that a person may be eligible for an additional child care stipend of up to \$50 per person, per meeting. A person may receive up to \$600 per year in stipends. Stipends are only available for people who are not employed full time, people who forfeit wages to attend the meeting, or who incur additional transportation or childcare expenses that would cause a hardship. A transportation stipend of \$10 may be given if the maximum reimbursement amount for the meeting has not already been reached.*

I request a stipend for participation at the following DDS Committee or activity:

- Developmental Disabilities Administration (“DDA”) Advisory Committee
- DDA Advocates Policy Review Group
- DDA Policy Review Group
- Home and Community Based Settings Advisory Committee
- Human Rights Advisory Committee
- Mortality Review Committee
- No Wrong Door Planning
- No Wrong Door Implementation
- PCT Learning Community
- Quality Improvement Committee
- Restrictive Controls Review Committee
- State Rehabilitation Council
- Statewide Independent Living Council
- Supporting Families Community of Practice
- Other: \_\_\_\_\_





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Date of activity: \_\_\_\_\_

I request a stipend for (check all that apply):

- Travel (\$10 flat rate – only for meetings that are less than 5 hours)
- Participation (including preparation time for people with intellectual disabilities):
  - 1 hour meeting: \$10
  - 2 hour meeting: \$20
  - 3 hour meeting: \$30
  - 4 hour meeting: \$40
  - 5 hour meeting \$50
- Child care (\$10/ hour) for \_\_\_\_\_ hours (include meeting and transportation time, up to 5 hours).

\_\_\_\_\_  
Signature of Person Requesting Stipend

\_\_\_\_\_  
Date

I confirm that the person attended the meeting for \_\_\_\_\_ hours.

\_\_\_\_\_  
DDS Staff Who Chairs/ Facilitates the Meeting

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

I approve \$\_\_\_\_\_ in stipends.

\_\_\_\_\_  
DDS Director, DDS Deputy Director for  
DDA or RSA, or SODA Program Manager

\_\_\_\_\_  
Date

