



Self-Advocacy and Families LEAD Fund Application



Send completed application to:
904-302-8046 – fax
OR mail to: Florida CARE, 8282 Western Way Circle Suite 1123, Jacksonville, FL 32256

Event you would like to attend: _____

Date(s), time(s) and location of event: _____

I am (please check all that apply): ___ Self-Advocate ___ Parent ___ Other Family Member

Last Name: _____ First Name: _____

Address: _____

City, State and Zip Code: _____ Florida County: _____

Telephone: _____ Mobile: _____

E-mail: _____

Full Name of other adult or PCA traveling with you (if applicable):

Please provide the following information for demographic purposes only:

I am ___ White (Non-Hispanic) ___ Black (Non-Hispanic) ___ Hispanic ___ Asian or Pacific Islander
___ Native American ___ Other (specify) _____

Native Language: _____

Number of educational conferences/workshops attended in the last year: _____

List any disability-related groups with whom you are affiliated:

After attending the event, how do you plan to share what you learned with others?

How did you hear about the Self-Advocate and Families LEAD Fund Program?



Why do you need financial help from Florida CARE to attend the conference?

Self- Advocate and Families LEAD Funds Program Application

I am applying for the following: (complete all that apply)

__ Hotel Name: _____

Room Rate: _____ Number of Nights: _____

ADA Accommodations or other accommodations needed: _____

__ Conference Registration Fee (if known) _____

Transportation (Please specify airline, rental car, other form of public transportation or mileage and an estimated cost. Mileage is calculated at \$.50 per mile. Only one airfare will be provided for each approved applicant.) _____

__ Meal Allowance (per diem rate based on departure and return time.)

NOTE: You may not be awarded all of requested funds.

Please describe conference/workshop that you would like to attend and how it would be beneficial to you:

Declaration

If granted financial assistance, I agree to attend the chosen conference. If I am unable to attend due to emergency or unexpected event, I will notify Florida CARE immediately at 904-638-6524.

Signature: _____

Date _____

You will be notified of the status of your application by email and/or regular mail. If you have questions, please contact Florida CARE at (904) 638-6524 or by email at dduran@floridacareinc.org

Sponsored by United States Department of Health and Human Services, Administration on Developmental Disabilities and the Florida Developmental Disabilities Council, Inc.