

TOGETHER WE CAN CONFERENCE 2022

A STATEWIDE CONFERENCE FOR PEOPLE WITH DISABILITIES, THEIR FAMILIES, AND THE PROFESSIONALS WHO SUPPORT THEM.

Please read the ASK Resource Center (ASK) Financial Assistance policy and follow the instructions carefully in order for your application to be processed. APPLICATIONS ARE DUE BY APRIL 27, 2022!

ELIGIBILITY

Financial Assistance is available only for self-advocates and family members/primary caregivers including siblings, guardians and foster/adoptive parents. Funds to support this assistance are limited, and we want to help everyone we can. Please only request what you need in order to be able to attend the conference. Submit one Financial Assistance Application per family.

Financial Assistance Applications MUST BE RECEIVED BY ASK NO LATER THAN APRIL 27, 2022. ASK will then determine the funding amount approved for each applicant. A confirmation email listing the approved assistance amount will be sent to each applicant on April 28, 2022. Applicants need to pay for all costs up front. After the conference, applicants need to submit all receipts for the items approved for assistance within 30 days. ASK will then mail a check to you for the approved amount.

Four types of assistance are available. A family or self-advocate may qualify for assistance in more than one category. See the requirements outlined below to understand the options. On the application, fill in the information on each type of assistance you need. Remember, funds are limited. Please only apply for what you need.

REQUIRED W-9 FORM

A W-9 form is attached to this Financial Assistance Application. ASK is required to have a signed W-9 form on file for anyone who receives assistance. On the W-9 form, you need to fill out the top portion of the form, enter your Social Security number in Part I, and sign and date the W-9 in Part II.

TYPES OF ASSISTANCE:

- 1. Mileage Reimbursement:** If you live more than 100 miles one-way from the conference, you are eligible for a maximum mileage reimbursement of \$0.39 cents per mile. The following forms are required:
 - A completed and signed Financial Assistance Application
 - A completed and signed W-9 form
 - A copy of a document that shows the **round-trip** mileage from your house to the conference location and back (using MapQuest or similar tool). Calculate your mileage allowance amount with the following formula: .39 cents x number of miles round-trip shown on the document = mileage allowance amount.
- 2. Hotel Reimbursement:** If you live more than 100 miles one-way from the conference location, you can request assistance for a one night hotel stay the FRIDAY night before the conference. The maximum assistance **cannot exceed \$120.00**. The following forms are required:
 - A completed and signed Financial Assistance Application
 - A completed and signed W-9 form
 - **NOTE:** The hotels listed on the next page are near the conference location and usually have rates within the allowed maximum. Financial assistance can be applied toward the cost of **any** hotel in the Des Moines area. You are responsible for paying the cost difference if the room rate is higher than your approved assistance rate.

Econo Lodge Inn and Suites
410 E. 30th Street
Des Moines, IA 50317
(515) 262-2525
www.choicehotels.com

Quality Inn
4950 NE 14th St
Des Moines, IA 50313
(515) 266-6800
www.choicehotels.com

Sleep Inn and Suites
5850 Morning Star Court
Pleasant Hill, IA 50327
(515) 299-9922
www.choicehotels.com

You can browse other hotels located in and around the Des Moines metro area at www.catchdesmoines.com/hotels.

3. Childcare Reimbursement: The maximum childcare reimbursement **cannot exceed \$100.00**.

To apply for the childcare reimbursement, you must meet one of these situations:

- Your child or children, regardless of disability, cannot be cared for safely at the conference setting
- You requested childcare when you registered for the conference and childcare slots were full

NOTE: The childcare provider **cannot** be the parent, step-parent or guardian of the child/children. The childcare provider also **cannot** be the sibling of the child/children who lives in the same household as the child/children.

The following forms are required:

- A completed and signed Financial Assistance Application
- A completed and signed W-9 form
- The Financial Assistance Application form must list the hourly childcare rate and expected number of hours childcare, along with the childcare provider's name and relationship to the applicant.

4. Personal Support Assistant Reimbursement: The maximum personal support assistant reimbursement for self-advocates will be assessed on a case-by-case basis. The Personal Support Assistant **should only be funded with this assistance if no other funding source is paying for the assistant**.

The following forms are required:

- A completed and signed Financial Assistance Application
- A completed and signed W-9 form
- The Financial Assistance Application form must list the hourly personal assistant rate and the expected number of hours the personal assistant will provide care along with the personal assistant's name, relation to the applicant, and provider agency (if the assistant is from an agency).

SUBMITTING YOUR APPLICATION

You can submit your application and supporting documents the following ways:

- **Mail:** ASK Resource Center
Attn: Marilyn Kowbel
5665 Greendale Rd, Suite D
Johnston, IA 50131
- **Email:** marilyn@askresource.org
- **Fax:** (515) 243-1902

All applications must be RECEIVED by APRIL 27, 2022. ASK will contact all applicants **BY EMAIL** with the approved funding amounts on **APRIL 28, 2022**.

RECEIVING YOUR REIMBURSEMENT

After you have attended the conference, submit your receipts to ASK within 30 days. ASK will then process your reimbursement and mail you a check for the approved financial assistance amount.

CONTACT

For questions or for assistance filling out your application, contact Marilyn Kowbel by email at Marilyn@askresource.org or by calling (800) 450-8667.

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FINANCIAL ASSISTANCE APPLICATION

You must fill out this form, the required W-9, sign and date both forms, and provide required support documents.

Name _____

Address _____

City _____ State _____ Zip code _____

Email _____ Phone (_____) _____ - _____

<input checked="" type="checkbox"/>	<i>Follow the instructions carefully to make sure that your application is processed in a timely manner</i>	<i>Write the requested allowance amount in the corresponding box</i>
<input type="checkbox"/>	<p align="center"><u>MILEAGE FINANCIAL ASSISTANCE REQUEST</u></p> <p>I live more than 100 miles one way from the conference location. I have attached a document showing my mileage (using MapQuest or similar tool). I am only requesting the amount I cannot afford to pay myself.</p> <p>.39 cents x _____ miles round-trip = \$ _____ (maximum request)</p>	<p align="center">MILEAGE FUNDS REQUESTED</p> <p align="center">\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>HOTEL FINANCIAL ASSISTANCE REQUEST</u></p> <p>I live more than 100 miles from the conference location. I will provide a hotel receipt after the conference that shows the date of my stay. I am only requesting the amount I cannot afford to pay myself (Not to exceed \$120).</p>	<p align="center">HOTEL FUNDS REQUESTED</p> <p align="center">\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>CHILDCARE FINANCIAL ASSISTANCE REQUEST</u></p> <p>I fit the criteria outlined in childcare section of the information above. I will provide a childcare receipt after the conference. I am only requesting the amount I cannot afford to pay myself (Not to exceed \$100).</p> <p>Hourly rate: \$ _____ Number of hours expected: _____</p> <p>Provider Name _____ Relationship _____</p>	<p align="center">CHILDCARE FUNDS REQUESTED</p> <p align="center">\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>PERSONAL ASSISTANT FINANCIAL ASSISTANCE REQUEST</u></p> <p>My personal assistant is not being paid for with any other funding source I will provide a personal assistant receipt after the conference. I am only requesting the amount I cannot afford to pay myself.</p> <p>Hourly rate: \$ _____ Number of hours expected: _____</p> <p>Assistant's Name _____ Relationship _____</p> <p>Personal Assistant's Provider Agency (if applicable) _____</p>	<p align="center">PERSONAL ASSISTANT FUNDS REQUESTED</p> <p align="center">\$ _____</p>

Applicant Signature _____

Date _____

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____	
	<input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
City, state, and ZIP code		
List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 3.

Social security number								

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number								

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.