# REIMBURSEMENT ALLOWANCE
# POLICY & APPLICATION

*Please read the ASK Resource Center (ASK) reimbursement allowance policy and follow instructions carefully in order for your application to be processed in a timely manner.*

**ELIGIBILITY**

Reimbursement allowance funds are available for individuals with disabilities or families of individuals with disabilities; you must reside in Iowa and have the need for the financial support of a reimbursement allowance in order to attend the conference. Only one application per household is permitted. Additional eligibility criteria is listed below.

**REQUIRED W-9 FORM**

A W-9 form is attached to all reimbursement allowance applications. ASK is required to have a signed W-9 form on file for all individuals receiving reimbursement allowances. ASK will keep the documentation on file, and per law, will only file tax forms for individuals who have received more than $600.00 in reimbursement allowances from our organization a calendar year.

## TYPES OF REIMBURSEMENT

Three types of reimbursement allowances are available: mileage, lodging and childcare. You are required to submit a completed application and W-9 for all three types of allowances, along with additional documentation as indicated below.

**Mileage Allowance:**  Reimbursement is available at $0.39 per mile.
- Must live more than **50 miles** from the conference location.
- Required to submit documentation of your round trip mileage (Google Maps, etc.).
- Calculate your total mileage reimbursement amount by multiplying $0.39 by the number of miles round-trip.

**Lodging Allowance:**  Reimbursement is available for one night's stay; the maximum amount you can receive is **$80**.
- Must live more than **100 miles** from the conference location.
- Required to submit a zero balance hotel receipt (must show the room cost and a zero balance verifying you paid).
- **NOTE:** The reimbursement rate can be applied toward the cost of any hotel in the Des Moines area; however, you are responsible for paying the difference in cost if the room rate is higher. Follow the same instructions for reimbursement.

**Childcare Allowance:**  Reimbursement is available if you were unable to register for on-site childcare provided at the conference, **or** if your child requires a specific level of care that cannot be provided by on-site care staff. The maximum amount you can receive is **$100**.
- Must meet above mentioned criteria.
- Required to list the hourly rate for childcare and number of hours used on the attached application, along with the childcare provider's signature.
- **NOTE:** The childcare provider cannot be the child's parent, step-parent or guardian.

## SUBMITTING YOUR ALLOWANCE

**You are required to submit your application and documentation within 15 days after the conference.** ASK is unable to process applications received after the deadline. You can expect to receive your reimbursement in the form of a check within 30 days of submitting your application and supporting documentation. Submit your allowance application and supporting documents in person at the conference, via email to karen@askresource.org, or by regular mail or fax at the contact information below.

**5665 Greendale Rd, Suite D, Johnston, IA 50131**
**Phone** (800) 450-8667 | **Fax** (515) 243-1902 | www.askresource.org

**ASK**
Resource Center

# REIMBURSEMENT ALLOWANCE APPLICATION

**You are required to complete both sides of this form.**
**Reimbursement payment will be mailed to the address below.**

**First & Last Name** _____

**Mailing Address** _____

_____

**Phone / Email** _____/_____

**Check the box if you are employed as a** ☐ Peer Support Specialist  ☐ Family Peer Support Specialist

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|---|---|---|
| ☐ | **MILEAGE ALLOWANCE**<br>• I live more than 50 miles from the conference<br>• I understand mileage is reimbursed at $0.39 per mile<br>• I have attached a document showing my round-trip mileage<br><br>**$0.39  x  _____  miles round-trip = Mileage Allowance mount** | **MILEAGE ALLOWANCE AMOUNT**<br><br>$_____ |
| ☐ | **LODGING ALLOWANCE**<br>• I live more than 100 miles from the conference<br>• I understand lodging is reimbursed for a one night stay not to exceed $80.<br>• I have attached a zero balance hotel receipt | **LODGING ALLOWANCE AMOUNT**<br><br>$_____ |
| ☐ | **CHILDCARE ALLOWANCE**<br>• I meet the eligibility criteria and acknowledge that the care provider is not my child's parent, stepparent or guardian<br>• I understand childcare reimbursement cannot exceed $100<br>• I have provided the required information below<br><br>Hourly rate: $_____   Number of hours: _____<br><br>**Childcare Provider Signature** _____ | **CHILDCARE ALLOWANCE AMOUNT**<br><br>$_____ |
| *By signing below, I confirm that I have completed and signed my application and W-9 form, and attached the supporting document(s) as required. I have added the requested amount(s) together and entered the amount in the box to the right.* | | **TOTAL ALLOWANCE AMOUNT**<br><br>$_____ |

_____   _____

**Applicant Signature**                                                                   **Date**

_____

**ASK Resource Center Executive Director Signature**

**ASK** Resource Center