

# TOGETHER WE CAN CONFERENCE 2026

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 10, 2026!***

## 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 10, 2026. 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 or before April 14, 2026. Applicants need to pay for all costs up front. After the conference, applicants need to submit all receipts for the items approved for assistance before May 29, 2026. ASK cannot accept late reimbursement forms. ASK will then process your reimbursement and directly deposit or mail you a check for the approved financial assistance 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

- 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.
- If you prefer, you may complete a W-9 form online by contacting [info@askresource.org](mailto:info@askresource.org) and requesting an online W9 form through our secure Quickbooks program.

## REIMBURSEMENT PAYMENT METHOD

- You may receive your reimbursement via electronic deposit directly into your bank account.
  - Funds will be deposited directly into the account you designate, this is the fastest most secure payment option.
  - An ACH Authorization form and voided check or screenshot of your routing number, and bank account number are required.
- You may receive your reimbursement as a paper check mailed to the address you provide.
  - If ACH information is not provided, your payment will be issued by check and mailed to you.
  - Ensure your mailing address is complete and accurate to avoid delays.
  - Payment will be mailed to the name and address listed on the W9.

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

- **Mail:** ASK Resource Center  
6165 NW 86th Street, Suite 234  
Johnston, IA 50131
- **Email:** [info@askresource.org](mailto:info@askresource.org)
- **Fax:** (515) 243-1902

All applications must be **RECEIVED by APRIL 10, 2026**. ASK will contact all applicants **BY EMAIL** with the approved funding amounts on or before **APRIL 14, 2026**.

### **RECEIVING YOUR REIMBURSEMENT**

After you have attended the conference, submit your forms and receipts to ASK before **May 29th, 2026**. **ASK cannot accept late reimbursements forms**. ASK will then process your reimbursement and directly deposit or mail you a check for the approved financial assistance amount.

### **CONTACT**

For questions or for assistance filling out your application, contact [info@askresource.org](mailto:info@askresource.org) or by calling (800) 450-8667.

### **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 \$0.50 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 Google Maps or similar tool). Calculate your mileage allowance amount with the following formula:  
    .50 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 plus taxes and fees**. The following items are required:
  - A completed and signed Financial Assistance Application
  - A completed and signed W-9 form
  - A paid receipt from the hotel that shows the date of your stay.
  - 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.
  - You can browse hotels located in and around the Des Moines metro area at [www.catchdesmoines.com/hotels](http://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.
  - A paid receipt from the provider that shows the date of care.
- 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).
    - A paid personal assistant receipt after the conference.

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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 style="text-align: center;"><b>MILEAGE FINANCIAL ASSISTANCE REQUEST</b></p> <ul style="list-style-type: none"> <li>- I live more than <u>100 miles one way</u> from the conference location.</li> <li>- I have attached a document showing my mileage (using Google Maps).</li> <li>- I am only requesting the amount I cannot afford to pay myself.</li> </ul> <p style="text-align: center;">.50 cents x _____ miles round-trip = \$ _____ (maximum request)</p>	<p><b>MILEAGE FUNDS REQUESTED</b></p> <p>\$ _____</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>HOTEL FINANCIAL ASSISTANCE REQUEST</b></p> <ul style="list-style-type: none"> <li>- I live more than <u>100 miles</u> from the conference location.</li> <li>- I will provide a paid hotel receipt that shows the date of my stay.</li> <li>- I am only requesting the amount I cannot afford to pay myself (Not to exceed \$120).</li> </ul>	<p><b>HOTEL FUNDS REQUESTED</b></p> <p>\$ _____</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>CHILDCARE FINANCIAL ASSISTANCE REQUEST</b></p> <ul style="list-style-type: none"> <li>- I fit the criteria outlined in childcare section of the information above.</li> <li>- I will provide a paid childcare receipt that shows the date of care.</li> <li>- I am only requesting the amount I cannot afford to pay myself (Not to exceed \$100).</li> </ul> <p style="text-align: center;">Hourly rate: \$ _____ Number of hours expected: _____</p> <p>Provider Name _____ Relationship _____</p>	<p><b>CHILDCARE FUNDS REQUESTED</b></p> <p>\$ _____</p>
<input type="checkbox"/>	<p style="text-align: center;"><b>PERSONAL ASSISTANT FINANCIAL ASSISTANCE REQUEST</b></p> <p>My personal assistant is not being paid for with any other funding source</p> <ul style="list-style-type: none"> <li>- I will provide a paid personal assistant receipt after the conference.</li> <li>- I am only requesting the amount I cannot afford to pay myself.</li> </ul> <p style="text-align: center;">Hourly rate: \$ _____ Number of hours expected: _____</p> <p>Assistant's Name _____ Relationship _____</p> <p>Personal Assistant's Provider Agency (if applicable) _____</p>	<p><b>PERSONAL ASSISTANT FUNDS REQUESTED</b></p> <p>\$ _____</p>

Applicant Signature \_\_\_\_\_

Date \_\_\_\_\_



# Vendor ACH/Direct Deposit Authorization Form

ASK Resource Center

6165 NW 86th Street, Ste. 234, Johnston, IA 50131

## 1. Please Check One:

NEW Direct Deposit

CHANGE Direct Deposit

CANCEL Direct Deposit

## 2. Vendor/Payee Information

Name:

Address:

Contact Person's Name (if other than payee):

Telephone Number:

Email Address:

## 3. Financial Institution Information

Bank Name:

Bank Address:

Name on Bank Account:

Bank Phone Number:

Bank Account Number:

Nine-Digit Bank Routing/Transit Number (ABA):

Type of Account:  Checking  Savings

**4. Approvals/Authorizations** - I certify that the information provided on this form is correct, and I hereby authorize ASK Resource Center (ASK) to electronically deposit payments to the bank account designated above. It is my responsibility to notify ASK ([info@askresource.org](mailto:info@askresource.org) or 515-243-1713) immediately if I believe there is a discrepancy between the amount deposited to my bank account and the amount of the invoice(s) paid. I understand that I must notify ASK in writing immediately of any changes in status or banking information. I understand that this authorization effect until ASK has received written notification requesting a change or cancellation and has had reasonable opportunity to act on it, which should take no longer than seven (7) to ten (10) business days.

Print Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Important Information

Please sign and return the completed form **with a VOIDED check** via email:

### For ASK's Finance Department Use Only

Reviewed and Entered in QBO by: .....

Date: .....

### Date Stamp - Received

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

**Give form to the  
requester. Do not  
send to the IRS.**

**Before you begin.** For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

<b>Print or type.</b> <b>See Specific Instructions on page 3.</b>	<b>1</b>	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	<b>2</b>	Business name/disregarded entity name, if different from above.		
	<b>3a</b>	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.  <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"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ <b>Note:</b> Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) _____	<b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  Exempt payee code (if any) _____  Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____  <i>(Applies to accounts maintained outside the United States.)</i>	
	<b>3b</b>	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions . . . . . <input type="checkbox"/>		
	<b>5</b>	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	<b>6</b>	City, state, and ZIP code		
	<b>7</b>	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 line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

<b>Social security number</b>									
				-					
<b>or</b>									
<b>Employer identification number</b>									

**Note:** If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## 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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**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 for Part II, later.

<b>Sign Here</b>	Signature of U.S. person	Date
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## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they