



Family to Family Health Information Center (F2FHIC) Stipend Form

The F2FHIC is a program of
The Arc of Illinois: www.thearcofil.org
F2F webpage: www.familyvoicesillinois.org

Name: _____ Date: _____

Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Email: _____

F2F stipends are available for families and youth up to age 22 with any disability and/or chronic illness. One stipend per family.

I am a: _____ Youth Self-Advocate _____ Parent _____ Family Member

Name of the child with disability or chronic illness: _____

Birthdate: _____ Type of Disability or Chronic Illness: _____

Current School Placement or Graduation Date: _____

Event: Virtual Health Care Conference September 14, 2023, 9:00 am – 3:30pm.

Amount requested (please circle/check the one that applies):

___ \$40.00 I am a member of The Arc of Illinois.

___ \$75.00 I am not a member of The Arc of Illinois.

Submit stipend application to Karin Mentzer at The Arc of Illinois – email: karin@thearcofil.org,
fax: 815.464.5292, mail: 9980 190th St, Suite C, Mokena, IL 60448

Upon approval, The Arc of Illinois will register you for the event. Do not submit payment as stipend will be applied directly to the registration fee.

Questions? Contact Mary Dixon at 815.464.1832 ext 1017, 866.931.1110 (toll free for IL) or mary@thearcofil.org.

Signature: _____

For Office Use Only:

Stipend Approved: _____ Individual Registered: _____