



# Family to Family Health Information Center (F2FHIC) Stipend Form

The F2FHIC is a program of  
The Arc of Illinois: [www.thearcofil.org](http://www.thearcofil.org)  
F2F webpage: [www.familyvoicesillinois.org](http://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 17, 2024, 9:30 am – 4:00pm.**

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

\_\_\_ \$20.00 I am a member of The Arc of Illinois.

\_\_\_ \$55.00 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](mailto:karin@thearcofil.org),  
fax: 815.464.5292, mail: 9980 190<sup>th</sup> 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 Susan Agrawal at 815.464.1832 ext 1017, 866.931.1110 (toll free for IL) or [susan@thearcofil.org](mailto:susan@thearcofil.org).

Signature: \_\_\_\_\_

For Office Use Only:  
Stipend Approved: \_\_\_\_\_ Individual Registered: \_\_\_\_\_