

TOGETHER WE CAN CONFERENCE 2025

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 11, 2025!***

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 11, 2025. 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 15, 2025. 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

- 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. The form can be found at: <https://www.askresource.org/togetherwecan#Financial Assistance>
- If you prefer, you may complete a W-9 form online by contacting info@askresource.org and requesting an online W9 form through our secure Quickbooks program.

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:
 $.50 \text{ cents} \times \text{number of miles round-trip shown on the document} = \text{mileage allowance amount.}$

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 \$175.00 plus taxes and fees.**

The following forms 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 my 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.
- See next page for ASK - TWC hotel reservation block details.

To reserve a TWC block reservation room click below:
[La Quinta by Wyndham Altoona Des Moines | Altoona, IA Hotels](#)
1785 11th St. NW
Altoona, IA 50009
Be sure to make reservations before April 20th

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.
- 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.

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
- **Fax:** (515) 243-1902

All applications must be RECEIVED by APRIL 11, 2025. ASK will contact all applicants **BY EMAIL** with the approved funding amounts on **APRIL 15, 2025**.

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 info@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> <ul style="list-style-type: none"> - I live more than <u>100 miles one way</u> from the conference location. - I have attached a document showing my mileage (using Google Maps). - I am only requesting the amount I cannot afford to pay myself. <p>.50 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> <ul style="list-style-type: none"> - I live more than <u>100 miles</u> from the conference location. - I will provide a paid hotel receipt that shows the date of my stay. - I am only requesting the amount I cannot afford to pay myself (Not to exceed \$120). 	<p align="center">HOTEL FUNDS REQUESTED</p> <p align="center">\$ _____</p>
<input type="checkbox"/>	<p align="center"><u>CHILDCARE FINANCIAL ASSISTANCE REQUEST</u></p> <ul style="list-style-type: none"> - I fit the criteria outlined in childcare section of the information above. - I will provide a paid childcare receipt that shows the date of care. - I am only requesting the amount I cannot afford to pay myself (Not to exceed \$100). <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</p> <ul style="list-style-type: none"> - I will provide a paid personal assistant receipt after the conference. - I am only requesting the amount I cannot afford to pay myself. <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 _____