



## The Indiana Deaf-Blind Services Project 2015 Family Training Fund

### What is the Family Training Fund?

The Family Training Fund provides financial support to family members of children with deafblindness to participate in conferences, seminars and workshops on deafblindness or related topics so that they can better understand their child's needs.

### How Much Financial Support is Available?

The limit from the Family Training Fund is \$500 per family, per year. Family includes parents, adoptive parents, foster parents, grandparents, and siblings. Funding is limited and will be awarded on a first come, first served basis.

### Who Can Apply?

To receive an award from the Family Training Fund an applicant must be a family member of a child with deafblindness.

### How Do I Apply for Support from the Family Training Fund?

First, complete the attached Application Form and then either mail or fax it to the Indiana Deafblind Services Project, Bayh College of Education, University Hall 009W, 401 North 7<sup>th</sup> Street, Indiana State University, Terre Haute, IN 47809, Fax: (812) 237-8089. We must receive your application form at least 30 days prior to the event.

The Family Training Fund reimburses for actual expenses. A check cannot be sent to you before you attend or participate in the training. You need to save your receipts and request reimbursement after the event. Meals and parking costs are not reimbursable. You will be notified when your application is approved. If approved, after the event you must complete and return the Reimbursement Form along with your original receipts.

### Questions?

If you have any questions, please contact Lisa Poff at the Indiana Deafblind Services Project at (812) 237-7679 or email [Lisa.Poff@indstate.edu](mailto:Lisa.Poff@indstate.edu).



## The Indiana Deaf-Blind Services Project 2015 Family Training Fund

### APPLICATION FORM

**Complete the following to apply:**

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

1. Name of Child with Deafblindness (must be listed on our deafblind census):

\_\_\_\_\_

2. Your relationship to the child with deafblindness: \_\_\_\_\_

3. Training event you are planning to attend (attach registration materials if available): \_\_\_\_\_

Date(s): \_\_\_\_\_ Location: \_\_\_\_\_

4. Financial assistance is needed for:

Registration \$ \_\_\_\_\_

Hotel \$ \_\_\_\_\_

Mileage \$ \_\_\_\_\_

Airfare \$ \_\_\_\_\_

Child Care \$ \_\_\_\_\_

We must receive your application form at least 30 days prior to the event. Mail or fax to:

Indiana Deaf-Blind Services Project  
Bayh College of Education, Room 009W  
401 North 7<sup>th</sup> Street  
Indiana State University  
Terre Haute, IN 47809  
Fax: (812) 237-8089



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Indiana Deaf-Blind Services  
INDIANA STATE UNIVERSITY

### REIMBURSEMENT FORM

*After you attend the event, complete this form and return it along with your original receipts. Allow 2-3 weeks for processing.*

Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

- Name of Training Event: \_\_\_\_\_
- Date(s) of Event: \_\_\_\_\_
- Location of Event: \_\_\_\_\_

Financial assistance requested (Original receipts required):

- |                                       |          |
|---------------------------------------|----------|
| <input type="checkbox"/> Registration | \$ _____ |
| <input type="checkbox"/> Hotel        | \$ _____ |
| <input type="checkbox"/> Mileage      | \$ _____ |
| <input type="checkbox"/> Airfare      | \$ _____ |
| <input type="checkbox"/> Child Care   | \$ _____ |
| Total Amount                          | \$ _____ |

Return your reimbursement form no later than 30 days after the event. Mail to:

Indiana Deafblind Services Project  
Bayh College of Education, Room 009W  
401 North 7<sup>th</sup> Street  
Indiana State University  
Terre Haute, IN 47809  
Fax (812) 237-8089

Questions? Contact Lisa Poff at 812-237-7679 or email [Lisa.Poff@indstate.edu](mailto:Lisa.Poff@indstate.edu).

Date: \_\_\_\_\_

## Indiana Deaf-Blind Services Project 2015 Family Training Fund

### EVALUATION

Please help us determine the effectiveness and value of the training that you attended using our Family Training Fund by completing the following evaluation form. Please rate the following statements by circling the number, which most accurately reflects your response.

Item	Rating				
	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. I gained new knowledge and skills.	5	4	3	2	1
2. The information met my needs.	5	4	3	2	1
3. I learned enough to implement new skills.	5	4	3	2	1
4. I feel confident that I have the knowledge and skills to share this information with others.	5	4	3	2	1
5. My child/family member will benefit as a result of this training.	5	4	3	2	1
6. This training provided me and/or my child with meaningful opportunities to meet and learn together with other family members/peers.	5	4	3	2	1
7. Overall, I felt that this training was a good use of my time.	5	4	3	2	1

**Additional Comments:**

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**Thank you for your time and input!**

*Please return to:*  
Indiana Deafblind Services Project  
Bayh College of Education  
University Hall 009W  
401 North 7<sup>th</sup> Street  
Indiana State University  
Terre Haute, IN 47809