

Parent Representative Stipend Form

Name	Social Security #
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Address	Town	Zip
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Date	Meeting Attended	Total Miles	Total Time	Mileage Rate	Stipend Amount

Signature	Date	Approval Signature	Date	VFFCMH Approval
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Parent Rep Data Form

Date: _____ **Initials:** _____

Total Pre Meeting Time: _____

Total CSP Meeting Time: _____

Total Post Meeting Time: _____

Total Travel Time: _____

Total Miles Driven: _____

Date: _____ **Initials:** _____

Total Pre Meeting Time: _____

Total CSP Meeting Time: _____

Total Post Meeting Time: _____

Total Travel Time: _____

Total Miles Driven: _____

Date: _____ **Initials:** _____

Total Pre Meeting Time: _____

Total CSP Meeting Time: _____

Total Post Meeting Time: _____

Total Travel Time: _____

Total Miles Driven: _____

Date: _____ **Initials:** _____

Total Pre Meeting Time: _____

Total CSP Meeting Time: _____

Total Post Meeting Time: _____

Total Travel Time: _____

Total Miles Driven: _____

#Family cases heard at LIT _____

#SIT Referrals _____

#CRC Referrals _____