

**Family Center for Children and Youth with Special Health Care Needs  
Children's Special Health Care Services**

**Support for Family Partners**

The Family Center supports family and youth input to CSHCS programs. Support includes:

- Stipends for participation in an approved activity
- Covered travel costs
- Covered child care costs

The Family Center provides financial support when:

- The Family Center authorizes expenses in advance
- The Family Partner submits the requested forms and receipts

The Family Center does not provide stipends or reimbursement when:

- Participation is not authorized in advance by the Family Center
- Time and travel are supported by your employer
- The activity is a general training session open to all families

Stipend rates

<b>Hours of Participation</b>	<b>In-Person Activity</b>	<b>Conference Call</b>
Four Hours or less	\$50.00	\$25.00
More than Four Hours	\$100.00	\$50.00

We must have a current IRS W-9 form from you to pay stipends. Please note that when you are paid stipends of \$600 or more in a calendar year, the Family Center must report this as income to the Internal Revenue Service.

**Child Care is paid when:**

- It is approved in advance
- We have the childcare provider's name, address, phone number and original signature
- The childcare provider is not a spouse, legal guardian or a member of the child(ren)'s household

Unless private duty nursing is necessary for your child's safety, daily childcare rates are:

- Four hours or less = \$25
- More than four hours = \$50

**Private Duty Nursing:**

- Cost is based on current Medicaid Private Duty Nursing rates
- Submit an estimate for Private Duty Nursing in advance for approval.
- Submit the final invoice from the Nursing Agency for payment

**Travel Reimbursement:**

- Mileage is paid at the State rate - .54/mile
- Mileage is covered from your home to the activity
- Please provide a MapQuest or similar printout showing distance from home to activity.
- Parking and tolls with original receipts
- Travel by bus or train with original receipts

In some cases, we can make an advance payment for expenses. Call the Family Center 45 days before the activity to ask about advance payment.

**Hotel:**

- We reimburse hotel costs when an activity is more than 100 miles or more from home. Please provide a MapQuest or similar printout showing distance from home to activity.

**Meals are covered when:**

- Breakfast – when travel starts before 6:00 am or until 8:30 am
- Lunch – when travel starts before 11:30 am or until 2:00 pm
- Dinner – when travel starts before 6:30 pm or until 8:00pm
- Meals are not included as part of a conference or meeting
- Original receipts including food, beverages and tip are provided
- Meal costs, including tips, are at or below these rates

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>
In State Travel	\$8.50	\$8.50	\$19.00
Out of State Travel	\$10.25	\$10.25	\$23.50

\*Please note: The Family Center cannot reimburse for alcoholic beverages.

**To request reimbursement:**

Please submit a Reimbursement Request form for pre-approval at least 30 days before the activity. Send request forms by email, fax, or mail.

**After the approved activity:**

- Please submit required documents within 21 days by mailing to:
  - **Include address here**
- Original itemized receipts are required for all expenses
- For mileage reimbursement remember to include a MapQuest print out showing the distance from your home to the activity
- One participant per Family *Reimbursement Request Form* and must be signed by participant
- All rates are subject to change

**Send documents to:**

Family Center for Children and Youth with Special Health Care Needs  
Children’s Special Health Care Services  
320 S. Walnut St., Floor 6  
Lansing, MI 48913

Fax: (517) 241-8970

E-mail: [cshcsfc@michigan.gov](mailto:cshcsfc@michigan.gov)