

## **COLORS POLICY & PROCEDURES FOR STIPENDS TO FAMILY REPRESENTATIVES**

**Goal:** To support and maintain involvement of parents and family members in local interagency coordinating council (COLORS) meetings and activities.

**Objective:** Stipends will be provided to volunteer Family Representative for participation in COLORS meetings and other approved COLORS functions through a process that is family-friendly, efficient and timely.

**Definition:** A Family Representative is a parent, foster parent, legal guardian, or grandparent of a child with special needs (child preferably less than 12 years old) who attends a COLORS meeting or is a COLORS representative. A Family representative may represent a community support organization or program.

1. A Family Representative serving in a **voluntary** capacity is eligible for stipend. A Family Representative representing a community support organization or program as a paid employee of the organization/program is not eligible for stipend.
2. Volunteer Family Representatives will be compensated at an hourly rate of \$20 an hour. This rate is recommended by the Department of Health and Human Services as best practice standard for Compensation for Family Involvement and Expertise Provided (Nov. 01). Stipend is provided to recognize volunteer Family Representatives for their time, expertise, and other expenses they may incur such as mileage, child care, or lost wages.
3. Stipend will be provided for participation in COLORS meetings and other **approved** COLORS functions. This includes COLORS monthly meetings, committee meetings and **approved** child find, public awareness activities, and transition activities. Families can also attend one **approved** conference/seminar per family member, per year, with reimbursement up to \$100, with supporting documentation and pending availability of funds.
4. Designated alternates for volunteer Family Representatives are also eligible for stipend.
5. To receive stipend, the volunteer Family Representative submits a completed Family Representative Stipend Form (XI. 5) for each activity. This form is included in the Welcome Packet and Representative Notebook as well as available at COLORS monthly meetings.
6. The completed form is to be submitted at the end of the meeting/activity to the chairperson of the committee or activity. The chair signs and promptly submits the

request to the COLORS Treasurer. In the event the chair is unavailable or is the Family Representative, then the vice-chair, secretary or another COLORS representative who is serving in that capacity for the meeting/activity may sign the request. A check will be mailed from the Cumberland County Mental Health Center to the Family Advocate at the address listed within 15 – 30 days.

7. COLORS strives to maintain sufficient funds to compensate volunteer Family Representatives; however, **stipend is subject to availability of funds.**
8. Support for training or workshop registration may be available to a Family Representative who is a COLORS representative, depending on availability of funds and with prior approval (Bylaws Article XI. Section 3).

Approved	6/6/02
Revised	1/3/08
Revised	4/1/2010
Revised	9/5/2013
Revised	4/5/2018

**C.O.L.O.R.S. FAMILY REPRESENTATIVE STIPEND REQUEST**

I served as a volunteer Family Representative in the following COLORS activity:

\_\_\_\_ Monthly Meeting                      \_\_\_\_ Conference  
\_\_\_\_ Committee Meeting                  \_\_\_\_ Child Find & Transition Activities  
\_\_\_\_ Public Awareness Activity          \_\_\_\_ Other (Specify) \_\_\_\_\_

Date of Activity: \_\_\_\_\_ No. of Hours \_\_\_\_\_ (to nearest quarter hr.)

Amount Due at rate of \$20.00 an hour: \_\_\_\_\_

Make Check Payable to (please print): \_\_\_\_\_  
(name)

\_\_\_\_\_  
Street Address                      City                      Zip Code                      Phone \_\_\_\_\_

\_\_\_\_\_  
Family Representative Signature                      Date

Your COLORS involvement is highly valued and appreciated. THANK YOU!!!

Approved by: \_\_\_\_\_  
Chair of COLORS Activity                      COLORS Treasurer

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**For Office Use Only:**

Check# \_\_\_\_\_ Amount: \_\_\_\_\_ Payable to: \_\_\_\_\_

\_\_\_\_\_  
Volunteer Director's Signature                      Date

Revised 6/6/2002  
Revised 4/1/2010  
Revised 9/5/2013  
Revised 4/5/2018