

**Council For Children and Adolescents With  
Chronic Health Conditions**

**Parent Training/Conference Funds Request**

Please complete the following information and return it to the Council office, 21 South Fruit St, Suite 22 Walker Building Concord, NH 03301 or by Fax at (603) 271-1156. If you need assistance regarding any of this information please call the Council office at (603) 225-6400.

**Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Child's Diagnosis & Current Age:**

**Amount of funds requested:**

**Title of Training/Conference:**

**Date/Location:**

**What is the relationship of this training/conference to your child's chronic health condition? (Attach additional page if needed)**

**Please tell us how attending this training/conference will benefit you or your child's ability to manage their chronic health condition? (Attach additional page if needed)**

**Please attach the following:**

- 1. An outline of your anticipated budget including the amount you are able to contribute. (Registrations fees, airfare, hotel etc.)**
- 2. Names of all funding sources contacted and amount requested**
- 3. A copy of training/workshop brochure if available.**
- 4. Documentation of diagnosis by a physician.**

No family will be allotted more than \$1000/per calendar year. Once approval is made, a copy of authorization is sent to the requesting individual, the PIH site (if applicable) and the CCACH Executive Director who will forward a check request to the fiscal agent so that a check may be issued. Applications may need to be submitted up to sixty days prior to training for approval and processing.