

WA DD Council Member Forms

Dear Council Member,

Please fill out the following forms and return them to Linda West or Christie Chiles so that we can begin planning for the next Council meeting and make sure you get travel reimbursements and Community Compensation in a timely manner.

We are happy to answer any questions you may have, please reach out to Linda West at linda.west@ddc.wa.gov or Christie Chiles at christie.chiles@ddc.wa.gov or 360-586-3540.

How to Return Your Forms:

- In Person: Turn in your forms during the Council meeting
- By Email: Send your forms to the email addresses listed above
- By Mail: Developmental Disabilities Council
Attn: Christie Chiles
PO Box 48314
Olympia, WA 98504-8314

Form Instructions:

All highlighted portions need to be completed by *all Council members* for each meeting

Page 1 - Travel and Accommodation Preferences for the Upcoming Meeting

All Council members must complete this form. It helps us determine if you need a hotel room, transportation, or any specific accommodations for the meeting. If you live more than 50 miles from the meeting location, you are eligible for an overnight hotel stay. If you need accommodations for other reasons, exceptions can be made. The Council covers the cost of the hotel room and tax. You are responsible for any other expenses. **Council members must inform staff of their attendance plans at least 30 days before each Council meeting. If a member has declined in-person attendance, travel and hotel arrangements cannot be added after the deadline. If a member can't attend a meeting, they are expected to notify Council staff 30 days prior to the meeting if possible. Please see policy 406 for more details.**

Page 2 – Travel Reimbursement Form

To be reimbursed for travel expenses such as meals, mileage, or taxi fare, please complete this form. Be sure to include all required details, including the **date and time you leave and return home**. Use the chart below to determine which meals you can claim for reimbursement.

Day	Meal	Instructions
Wednesday Travel day	Breakfast	Select "Claimed" if you leave home before 6:30 am
	Lunch	Select "Claimed" if you leave home before 11:30 am
	Dinner	Select "Claimed" if you leave home before 5:00 pm
Thursday Meeting Day 1	Breakfast	Select "Provided"
	Lunch	Select "Provided"
	Dinner	Select "Claimed" (you're in travel status all day)
Friday Meeting Day 2	Breakfast	Select "Provided"
	Lunch	Select "Claimed" if you arrive home after 1:30 pm
	Dinner	Select "Claimed" if you arrive home after 6:30 pm

Page 3 - Community Compensation Request Form



If you would like to request a stipend payment for our meeting, please fill out this form. You can learn more about Community Compensation, including which public benefits are affected by these payments, by viewing the Office of Equity's [Community Compensation Guidelines](#) by scanning the QR code. Please see [Policy 422](#) for details.

Page 4 –Feedback

You can leave feedback about the meeting for Council staff on page 4. Staff will review as a team and will use your feedback to help us improve Council meetings.



Upcoming Meeting Travel and Accommodation Preferences

Council members must inform staff of their attendance plans at least 30 days before each Council meeting. If a member has declined in-person attendance, travel and hotel arrangements cannot be added after the deadline. If a member can't attend a meeting, they are expected to notify Council staff 30 days prior to the meeting if possible. Please see policy 406 for more details.

Name: _____

Upcoming Meeting Date: Month _____ Year: _____

Please check **one box** to let us know if you are planning to attend the next Council meeting and, if so, if you plan to come in person or by Zoom.

- ☐ Not Attending
- ☐ In Person
- ☐ Remote via Zoom

If you plan to attend in person, please answer the following questions:

Do you plan to stay in the hotel?

- ☐ Yes
- ☐ No

If yes, what dates do you plan to stay at the hotel?

Check in: _____

Check out: _____

Do you need accessible overnight accommodations?

- ☐ Yes
- ☐ No

Do you have dietary restrictions/preferences?

- ☐ Yes
- ☐ No

Please provide details about any accommodations or dietary needs below or contact a Council staff member if you prefer.

Travel

I plan to travel by: ☐ Car ☐ Plane ☐ Taxi/Uber ☐ Bus ☐ Train ☐ Other _____

I would be willing to carpool: Yes ☐ No ☐ N/A ☐

Do you have any travel needs we should be aware of?

Signature: _____ Date: _____



Travel Reimbursement Form

Check one box: I am requesting travel reimbursement: ☐ Yes ☐ No

Name: _____

Home Address: _____

Mailing Address (If different): _____

City: _____ State _____ Zip: _____

Meeting Date: _____ Meeting Location: _____

Departure (when you left home)

Return (When you arrived back home)

Date: [_____]

Date: [_____]

Time: [_____] ☐ AM ☐ PM

Time: [_____] ☐ AM ☐ PM

Mode of Travel: ☐ Car ☐ Plane ☐ Taxi/Uber ☐ Bus ☐ Other _____

Receipts required over \$35	Cost of rental car, baggage fees, taxi/bus fare, or other transportation costs	\$
	Private Car Mileage (roundtrip)	Mi
	Parking Charge	\$
	Overnight Hotel Room Charges	\$

Meals: Meals can only be claimed if they weren't provided by the Council and occurred during eligible travel times. Select only **one box per meal** to indicate if it was provided or claimed, not both.

Date	Breakfast	Lunch	Dinner
[_____]	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed
[_____]	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed
[_____]	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed	<input type="checkbox"/> Provided <input type="checkbox"/> Claimed

Certification: I certify under penalty of perjury that the dates, times, locations and mileage claimed are true and correct and incurred by me on official state business. No payment has been received by me for this claim. The monetary amount claimed may be modified to comply with the travel regulations of the State Accounting and Administrative Manual or agency policy, whichever is more restrictive.

Signature: _____ **Date:** _____



Community Compensation Request Form

Check one box: I am requesting Community Compensation: ☐ Yes ☐ No

Name: _____

Mailing Address: _____

City: _____ State _____ Zip: _____

Phone #: _____ E-mail: _____

Meeting Location	Date	# of Hours

In requesting Community Compensation, I attest that I have not been otherwise compensated for my participation in the above meetings.

Requestor Signature: _____ **Date:** _____

Council Feedback Form

Name (Optional) _____ Council meeting date: _____

How did this this meeting go for you? Please check one box below.


☐

Great!


☐

Good


☐

Fine


☐

Needs Improvement


☐

Bad

Tell us about your experience:

- ☐ Check this box if you want to create or update your support plan
- ☐ Check this box if you want to create or update your emergency contacts

If you check either of these boxes Council staff will reach out to assist you