

**GREATER COLUMBIA BEHAVIORAL HEALTH
REGIONAL FYSPRT FAMILY/YOUTH REIMBURSEMENT FORM**

Name _____

Address _____

Email _____

Phone # _____

By signing this form, I am attesting that I am a youth or family/caregiver with lived experience. I am willing to provide my email address and other contact information as needed in order to receive the attendance stipend for the Southeast regional FYSPRT meetings.

Stipends are available based on available funding. GCBH ASO staff reserve the right to discontinue stipends or adjust the amount if funding is limited or unavailable at any time.

If as a youth or family partner you no longer wish to receive a stipend, please notify the FYSPRT Convener as soon as possible via email at fysprt@gcbh.org so the stipend can be discontinued.

Stipends will be in the form of an e-gift card from Amazon and sent via email to the email address provided above. Please ensure the email address is correct and notify the FYSPRT Convener at fysprt@gcbh.org with any changes.

Stipend rate is \$15.00 per monthly Regional FYSPRT meeting attended.

By signing below, I agree to the above stipulations.

I, THE UNDERSIGNED, DO HEREBY CERTIFY UNDER PENALTY OF PERJURY, THAT THE MATERIALS HAVE BEEN FURNISHED, THE SERVICES RENDERED, OR THE LABOR PERFORMED AS DESCRIBED HEREIN, AND THE CLAIM IS A JUST, DUE, AND UNPAID OBLIGATION AGAINST GREATER COLUMBIA BEHAVIORAL HEALTH, AND THAT I AM AUTHORIZED TO AUTHENTICATE AND CERTIFY TO SAID CLAIM.

I am a Youth Partner SIGN/DATE _____

I am a Family Partner SIGN/DATE _____

GCBH ASO FYSPRT COORDINATOR/DATE _____

Year _____

Jan ___ *Feb* ___ *Mar* ___ *Apr* ___ *May* ___ *June* ___ *July* ___ *Aug* ___ *Sept* ___ *Oct* ___ *Nov* ___ *Dec* ___

Amazon e-gift card # _____