



# Client/Family Member Stipend Form

MBHRS provides stipends to compensate individuals with Lived Experience (BHRS client or family member) for their collaboration in key BHRS activities such as committees, consultations, focus groups, program review and hiring panels.

## Individual with Lived Experience: Print Clearly

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

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

**City & ZIP:** \_\_\_\_\_

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

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

**Activity/Meeting:** \_\_\_\_\_

NOTE: If you receive SSDI or SSI benefits, the law requires that you report earned income to Social Security. Stipends received from BHRS count as earned income and should be reported. For more information, contact the OCFA Coordinator at 1-800-388-5189

Select **ONE** option:  **Check** (mailed within two weeks) or  **Gift Card**

**Signature:** \_\_\_\_\_

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

### BHRS Staff/Chair ONLY

**Event Job Org:** \_\_\_\_\_

**Number of Hours:** \_\_\_\_\_

**Activity/Meeting:** \_\_\_\_\_

**Staff/Chair Name (print clearly):** \_\_\_\_\_

**Staff/Chair Signature:** \_\_\_\_\_

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

**Gift Card Last Six Number(s):** \_\_\_\_\_

Return this form completed and signed by both parties to the Office of Consumer & Family Affairs, 1950 Alameda de las Pulgas, Suite 157, San Mateo, CA 94403 / PONY MLH 327 or [hs\\_bhers\\_stipends@smcgov.org](mailto:hs_bhers_stipends@smcgov.org)



# Client/Family Member Stipend Form

**For Office of Consumer & Family Affairs Office Use Only**

Client/Family Member Name: \_\_\_\_\_

Event: \_\_\_\_\_ Date \_\_\_\_\_

<b>Amount</b>	<b>\$35.00</b>				
<b>All invoices must be approved by OCFA Director, or designee</b>					
OCFA Staff (Please Print Clearly)					
Signature		Date			

Note: Minimum stipend will be equal to the reimbursement for two hours work.

<p><b>Office of Consumer and Family Affairs Office Use Only</b></p> <p><b>Fax to:</b>          Mental Health Association: Attention Shane Young</p> <p>e: 650-368-3345 x134          510-879-0354</p>
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