**Michigan Statewide Independent Living Council**

**P.O. Box 71, Middleville, MI 49333**

**Stipend Request Authorization**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ acknowledge that I am \_\_\_\_ not currently employed, \_\_\_\_ not compensated by an employer or \_\_\_\_ self-employed to attend the Michigan SILC Board Committee and Business meetings, Michigan SILC Annual meeting, and Special Meetings. I confirm that the correct IRS form is on file in the Michigan SILC office. Furthermore, I understand that receiving a stipend from Michigan SILC is a form of compensation and that Michigan SILC will provide annually the appropriate IRS form for income or withholding.

Additionally, it is my responsibility as a Council member of the Michigan SILC to evaluate and determine if such stipend will have a negative impact on my eligibility for benefits such as SSI or Medicaid, or any other public benefit.

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Print name Date

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Signed Date

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Date Received by Michigan SILC Initials