



## REQUEST FOR PARTICIPATION FEE

**Purpose:** Use this form to request a fee be paid to a parent liaison after conducting a presentation or training to CPS staff or other community stakeholders.

**Directions:** The parent liaison fills out and signs the form. The parent liaison sends the completed form to the CPS liaison, who signs and forwards it to the state office parent program specialist. If you have questions or need more information, email [DFPSParentProgramSupport@dfps.texas.gov](mailto:DFPSParentProgramSupport@dfps.texas.gov).

**Note:** The presentation or training must last for at least one hour to qualify for the participation fee.

### INFORMATION ABOUT THE PRESENTATION OR TRAINING

Date Held:

Location:

Duration:

### AFFIRMATION OF PARENT LIAISON

By signing below, I affirm the provided information is true and correct to the best of my knowledge. I am requesting to be compensated \$50 for participating in a training or meeting that lasted for at least an hour on the date above.

Parent Liaison Signature:

X

Parent Liaison Printed Name:

### PRIVACY STATEMENT

DFPS values your privacy. For more information, read our [Privacy and Security Policy](#).

### FOR DFPS STAFF USE ONLY

CPS Liaison Signature:

X

Date Signed:

State Office Parent Program Specialist Signature:

X

Date Signed: