

# Family Participation Compensation

The following family member participated in \_\_\_\_\_ to discuss \_\_\_\_\_ . A compensation stipend of \$ \_\_\_\_\_ is provided to honor time, expertise and costs associated with attending this activity.

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

**Social Security Number:** \_\_\_\_\_

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

\_\_\_\_\_

**E-mail address:** \_\_\_\_\_

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

## To be completed by hospital staff:

Meeting date: \_\_\_\_\_

Budget: \_\_\_\_\_