



**San Mateo County
Behavioral Health & Recovery Services (BHRS)
Consumer/Family Member Stipend Form**

BHRS provides stipends to compensate consumers/family members for their collaboration in key BHRS activities such as committees, consultations, focus groups, program reviews, hiring panels, etc.

Please complete this form clearly and completely. The consumer/family member and the BHRS committee chairperson must both sign it.

The consumer/family member collaborated in the following BHRS activity: _____

Date: _____ Number of Hours: _____

Name	
Address	
City & ZIP	
Phone	
Email	

Please select ONE: Check (mailed within about two weeks)
 Gift Card

Consumer/Family Member signature: _____
Date: _____

Reporting Stipends as Income to Social Security:

If you receive SSDI or SSI benefits, the law requires that you report any earned income to Social Security. Stipends received from the County of San Mateo count as earned income and should be reported.

For more information, contact: Linford Gayle, Coordinator, at 650-573-2534

<p>Chairperson Signature: _____</p> <p>Date: _____ Gift card No. _____</p> <p align="center">Return this completed and signed form to Office of Consumer and Family Affairs, 1950 Alameda de las Pulgas, Ste. 155, San Mateo, CA 94403</p>



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Consumer/Family Member Stipend

For Office of Consumer & Family Affairs Office Use Only

Consumer/Family Member: _____

Amount		\$			
All invoices must be approved by Linford Gayle, Coordinator, or his designee					
Signature:		Date:			

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

Fax to Mental Health Association: Attention Shane Young

Phone: 650 368-3345 x134

Fax 510 879-0354

Copy to file in the Office of Consumer and Family Affairs