

Hilopa‘a Project



Guidelines for Compensation for Family Participation

1. **Services that families/youth may provide**
 - a. Provide information, advice, guidance, etc., from a family perspective, at a committee, workgroup, task force, or other group.
 - b. Provide input at a focus group.
 - c. Provide training or a presentation at an educational/informational session.
 - d. Review (or develop) audiovisual, written, and other materials/documents.
 - e. Other.

2. **Criteria for individuals to receive a participation fee** (*all criteria must be met*)
 - a. Individual provides one of the above services, upon invitation.
 - b. Individual is a youth with a special health care needs, or a parent of a child with special health care needs, not to exceed one person per family. *A parent is defined as biological, adoptive, foster, or custodial parent; or legal guardian.*
 - c. Individual is not participating as a paid representative of an organization/agency.

3. **Compensation**
 - a. Participant at a session on the participant’s island
 - 1) \$25 per half-day session (or up to half-day)
 - 2) \$40 per full-day session
 - b. Neighbor Island participant traveling to O‘ahu
 - 1) \$75 per session
 - 2) Air travel costs are paid by the Hilopa‘a Project.
 - c. If a person is late or must leave the meeting due to an emergency, the amount may be reduced.
 - d. Compensation may be adjusted depending on the level or extent of work.
 - e. A gift certificate may be used instead of a direct fee payment for focus groups.

4. **Process for payment**
 - a. Individual signs an Agreement of Service with the Hilopa‘a Project. (*See Attachment A*)
 - b. Individual submits an Invoice to the Hilopa‘a Project. (*See Attachment B*)

*Hawai‘i Department of Health—Children with Special Health Needs Branch
Family Voices of Hawai‘i
University of Hawai‘i—John A. Burns School of Medicine—Department of Pediatrics
American Academy of Pediatrics—Hawai‘i Chapter*

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AGREEMENT OF SERVICE

It is agreed that _____ (name) _____ will assist the Hilopa‘a Project through participation at the _____ (event) _____, _____ (date) _____.

Service to be provided: _____
_____.

The Hilopa‘a Project agrees to pay \$_____ for honorarium upon receipt of invoice. No monies will be paid in advance.

By: _____ Date _____
Signature

Name: _____

Address: _____

By: _____ Date _____
Signature
Co-Director, Hilopa‘a Project

INVOICE

Date: _____

Name: _____

Address: _____

To: Hilopa'a Project

(Address) _____

I request payment of honorarium in the amount of \$_____ per Agreement of Service dated _____, for services at the _____ (event) _____, _____ (date) _____.

Signature: _____

Name: _____

Social Security Number: _____