

Recreation Council of Greater St. Louis

Eligibility Verification Form

Attention: SLRO Service Coordinator/DD Resources Service Advocate

**** You MUST attach the consumer's DMH diagnosis verification with this form****

Verification Documentation is from: Physician DESE/School District Vocational Rehabilitation SLRO Service Coordinator/DD Resources Service Advocate Psychologist Other:

Consumer Name: Phone Number:

Address: Zip Code:

Date of Birth: Social Security Number: DMH ID#

Legal Guardian Name (if applicable): Phone Number:

Legal Guardian Address: Zip Code:

1. Is this consumer an active client with: St. Louis Regional Office DD Resources

2. Check the Consumer's Diagnosis: Cerebral Palsy Intellectual Disability Autism Epilepsy Other: (specify)

3. When did this consumer's disability manifest itself? Prior to age 18 Prior to age 22

4. Level of Support Needed: 1:1 1:4 1:5 1:8 Other:

5. Current Residential Type: Family/Guardian Independent Support Living Group Home Independently Homeless/Emergency Shelter Nursing Home Habilitation Center Specialized Facility State Group Home Foster Home: Was foster placement made by St. Louis City Courts? Yes No

6. Consumer's Gender: Female Male

7. Consumer's Ethnicity: White Black Hispanic Asian Bi-Racial American Indian Other Unknown

8. Are you aware of other funding sources available to this consumer for this purpose? Yes No

To the best of my knowledge, the information I am disclosing is true.

Signature: Date: Phone #:

Printed Name: Agency:

Title: Address:

Thank you for completing this form. Your assistance is greatly appreciated. Information is used to determine eligibility for services. If you have questions, contact the St. Louis City Voucher Coordinator for the Recreation Council at (314)772-2299 or email mdavis@recreationcouncil.org. You may return this form by fax at (314) 726-3454 or mail to: The Recreation Council, 200 S. Hanley, Suite 100 St. Louis, Missouri 63105.