

<b>All About the Participant</b>	<input type="text"/>	Do You Live in St. Louis City? YES NO	
	Participants Name	Is Participant New to the Recreation Council? YES NO	
	Street Apt.	Does Participant Have an Intellectual/Developmental Disability? YES NO	
	City State Zip Code	Does Participant have a DD Resources Service Advocate? YES NO	
	Is This a New Address? YES NO	Does Participant have a Regional Center Service Coordinator? YES NO	
	Date of Birth Social Security #	DMH Regional Center Case Number: _____	
	Home Phone Email Address	Regional Center Service Coordinator Name: _____	
	Would You Like to be Included on our Email List for our Newsletter, Future Voucher Applications, etc? YES NO	DD Resources Service Advocate Name: _____	
	If under 18 Years Old:	Service Coordinator Phone: _____	
	Parent Name: _____	<b>ALL INFORMATION MUST BE COMPLETED!</b>	
Address: _____	<b>Who Should Notification of Approval be Sent? IMPORTANT!</b>		
Phone: _____ Email: _____	Name _____		
Does Participant have a Legal Guardian? YES NO	Email Address _____		
If Yes, Guardian Name: _____	<b>OR</b>		
Guardian Phone Number: _____	Mailing Address _____		
Guardian Address: _____	Phone _____		
<b>The Recreation Council Voucher Programs</b>	Participant is Applying for: <b>Check Only One!</b>	<b>Statement of Understanding &amp; Releases</b>	
	<input type="checkbox"/> <b>Community Socialization</b> (complete section A)		<i>I hereby give the Recreation Council permission to verify participant's eligibility by contacting the above listed eligibility verifier and permission to correspond with the program provider or support provider, our funding partner, St. Louis City Office for Developmental Disabilities Resources (DD Resources) regarding funding issues, and/or other providers involved in which the voucher will be used.</i>
	<input type="checkbox"/> <b>Recreation Supports</b> voucher (complete B)		<i>Furthermore, I have read and understand the intent, purpose and guidelines of the Recreation Council voucher program for which the participant has applied. To the fullest extent permitted by law, I shall indemnify and hold harmless the Recreation Council of Greater St. Louis and its Directors, Officers, consultants, agents, employees and volunteers from and against any and all claims, damages, losses and expenses, including but not limited to attorney fees and court costs, arising out of or resulting from the provision of any service, provided that such claim, damage, loss or expense is attributable to bodily injury, sickness, disease or death, or personal injury, or to injury to or destruction of tangible property, which is caused in whole or in part by any acts, omissions or negligence of the service provider. I understand that the Recreation Council of Greater St. Louis is merely acting in the capacity of reimbursing the service provider of my own choice. Lastly, I understand that falsification of any of the information provided in this application and /or billing can and will be cause for disqualification from this program and all Recreation Council programs.</i>
	<input type="checkbox"/> <b>Residential Camp Voucher</b> (complete section C) <i>The Above Voucher Programs Run July 1 through June 30</i>		
	I am Using this Voucher for: <i>Check All That Apply</i> <input type="checkbox"/> Financial Assistance <input type="checkbox"/> To Develop or Enhance Friendships/Socialization <input type="checkbox"/> To Develop or Enhance Living Skills <input type="checkbox"/> To Develop or Enhance Social Skills <input type="checkbox"/> To Develop or Enhance Leisure Skills Other: _____		
Level of Support Required <input type="checkbox"/> 1:1 <input type="checkbox"/> 1:4 <input type="checkbox"/> 1:5 <input type="checkbox"/> 1:8 Other: _____			
Are There Other Funds You Will Be Seeking for your Program? YES NO			
This voucher funding is based on first come first served and the availability of funding.			
	Signature of Participant of Legal Consent or Parent (if participant under 18 years old) or Legal Guardian	Date	

<b>For Recreation Council Use Only</b>	Date Applic. Rec'd: _____	Approved? YES NO	Date Approved: _____
Amount Approved: \$ _____	Participant Co-Pay: \$ _____	Staff Signature: _____	

**A. COMMUNITY SOCIALIZATION VOUCHER**

Name of Community Recreation/Leisure Provider: \_\_\_\_\_

Program Name: \_\_\_\_\_ Program Dates: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Provider Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Provider Address: \_\_\_\_\_  
 Street City State Zip Code

Cost of Program: \$ \_\_\_\_\_ Your Co-Pay (at least 10%): \$ \_\_\_\_\_ Funding Request: \$ \_\_\_\_\_

The Community Socialization Funds may be used separately or combined for a total not to exceed \$300.00 per fiscal year.

This year round program allows children (beginning at age 6) and adults with developmental disabilities a voucher to assist in accessing community recreation programs and activities of one's choice, including but not limited to day camps and travel/ adventure programs.

This voucher program is offered on a first-come, first-served basis. There is no guarantee that funds will be available to assist you at the time of application. You will be notified of the voucher approval decision by email or letter.

**B. RECREATION SUPPORTS**

**This program uses your \$300.00 Community Socialization funds, by selecting this option we will only pay for your support staff. We will not pay for your program you must choose A or B but not both.**

Name of Program Attending: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

I Need Voucher Funds to Hire a Recreation Support Provider to Assist with Personal Care Issues in a Community-Based, Inclusive Recreation Program:  YES  NO

Number of Hours Your Are Requesting: \_\_\_\_\_ up to 60 hours of service @ \$5.00 per hour.

**C. RESIDENTIAL CAMP VOUCHER**

Name of Camp Provider: \_\_\_\_\_ Program Name: \_\_\_\_\_

Camp Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Camp Provider Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Camp Provider Address: \_\_\_\_\_  
 Street City State Zip Code

Cost of Program: \$ \_\_\_\_\_ Your Camp Deposit: \$ \_\_\_\_\_ Funding Request: \$ \_\_\_\_\_

Your deposit is the amount required by the camp or 10% of camp cost if a deposit is not required.

Funding up to \$550 (1:5 staff to camper ratio) or \$825 (1:1 ratio, verification of need in a person centered plan required)

Individuals must live in their natural home to qualify for camp funding.

Will you require transportation to attend camp  yes  no

**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

## GUIDELINES FOR COMMUNITY SOCIALIZATION VOUCHER PARTICIPANTS

1. All participants must be at least six years of age and meet eligibility requirements as listed in the St. Louis Office for DD Resources' manual.
2. Participants must live in St. Louis City or be a St. Louis City DFS placement.
3. Funds cannot be used to pay for transportation, supplies, gym memberships, uniforms, etc.
4. Participants can enroll in separate or combined program/activities but they cannot exceed \$300.00 in one fiscal year: July 1 - June 30. Campers are allowed to use the Community Socialization Voucher to attend a day camp during the same fiscal year that a Camp Voucher is used to attend a residential camp.
5. Payment will be made directly to the activity/program provider or participant/family after attendance has been verified and receipt of paperwork has been processed.
6. For payment to be made directly to the participant/family a paid receipt must be mailed or faxed to the Recreation Council that states the program's name, amount paid and includes the dates of the activity being billed.
7. If the community provider is unable to make accommodations for the participant, the participant can use the Support Staff option.

### COMMUNITY SOCIALIZATION VOUCHER CHECKLIST

Before you return your voucher application, be certain to include the following completed forms:

- \_\_\_ **Community Socialization/Camp Voucher Program Application**  
(completed bold areas with signatures of camper or legal consent, parent, or legal guardian where needed)
- \_\_\_ **Eligibility Verification Form, if new to the program or changes have occurred** (signed by a St. Louis Regional Office Service Coordinator, St. Louis Office for DD Service Advocate, a physician, a psychologist, Vocational Rehabilitation, or School District)  
**If individual is referred by a Service Coordinator/Service Advocate, a copy of the following must be attached:**
  - \_\_\_ The DMH diagnosis page, if new to the program.
  - If eligibility is verified by a physician, a psychologist, Vocational Rehabilitation, or School District, a copy of the following must be attached:**
    - \_\_\_ A signed letter stating disability on the physician's letterhead, documentation with authorizing signature from Vocational Rehabilitation or a School District record.

The Recreation Council will not process the application until the above listed application, and listed forms have been received! We will not accept the voucher applications by FAX. The service ticket must be mailed so that we have the original forms and signatures on file. Thank you for your cooperation with this! We appreciate it!! Applications that are incomplete (including missing forms) will be returned to the applicant!

**Applications should be mailed to:** The Recreation Council  
200 S. Hanley, Suite 100  
St. Louis, Missouri 63105

If you have any questions, please call or email the Recreation Council's City Coordinator,

at: (314) 772-2299 or [mdavis@recreationcouncil.org](mailto:mdavis@recreationcouncil.org)

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