



**The Recreation Council of Greater St. Louis**  
**VOUCHER PROGRAM ELIGIBILITY VERIFICATION FORM**

This **mandatory** form may be completed by a St. Louis Regional Support Coordinator or a physician. St. Louis Regional Center Support Coordinators please include copy of CIMOR with client name and diagnosis.

Customer's Name: \_\_\_\_\_ Customer's Date of Birth: \_\_\_\_\_

1) Does this individual live in St. Louis County?  YES  NO

2) Has the St Louis Regional Center determined this customer has a developmental disability?  Yes  No  
Please check the Customer's Diagnosis:  Autism  Cerebral Palsy  Head Injury  
 Intellectual Disability  Epilepsy  
 Other\*\*

**\*\*If you checked OTHER\*\*** you must also check the substantial functional limitations in 2 or more of the following areas AND this must be signed by your Missouri DMH Regional Case Coordinator AND a copy of the CIMOR page MUST accompany this form.

Self Care  Capacity for Independent Living  Receptive & Expressive Language  
 Learning  Mobility  Self Direction or Economic Self Sufficiency

When did this customer's disability manifest itself?  Prior to age 19  Prior to age 22

3) It is my professional opinion that the above named customer requires the following supervision/care (due to personal care assistance needs and/or due to positive behavior support needs) while in programming:  
 1 staff to 1 customer  2 staff to 3 customers  1 staff to 4 customers  1 staff to 8 customers

4) Current Residence Type:  
 Lives with Family/Guardian  Individualized Supported Living  Lives Independently  
 Homeless/Emergency Shelter  Specialized Facility  Nursing Home  Group Home  
 Habilitation Center  State Group Home  
 Foster Home\*\* **If foster home check:**  Temporary  Long-Term (over 2 years)

\*\*Was foster home placement made by St, Louis County Courts?  Yes  No, explain \_\_\_\_\_

5) Is the above date of birth correct?  Yes  No If no, date of birth: \_\_\_\_\_

6) Customer's Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

7) Customer's gender:  Male  Female 8.) DMH Case Number \_\_\_\_\_ Case Mgr Tel# \_\_\_\_\_

9) Are you aware of other funding that might assist this customer in obtaining funding for recreation programming?  
 Yes  No If yes, please list funding: \_\_\_\_\_

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

Signature/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Print Title: \_\_\_\_\_ Phone Number: \_\_\_\_\_

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

Thank you in advance for your time in completing this form, your assistance is greatly appreciated! If you have any questions, please feel free to contact Peggy Welker, the St. Louis County Coordinator for the Recreation Council, at (314) 726-6044. This form may be faxed back by the verifier to The Recreation Council at (314) 726-3454, or mailed to:

*The Recreation Council ~11 Worthington Access Drive Suite E ~ Maryland Heights, MO 63043*