

<b>All About the Participant</b>		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>	
	<input type="checkbox"/> <b>Community Socialization</b> (complete section A)	
	<input type="checkbox"/> <b>Recreation Supports</b> voucher (complete B)	
	<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.		
<b>Statement of Understanding &amp; Releases</b>	<p><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></p> <p><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></p>	
	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 You 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](mailto:mdavis@recreationcouncil.org). You may return this form by fax at (314) 726-3454 or mail to:

**New Address  
Recreation Council  
11 Worthington Access Dr. Ste E  
Maryland Heights, MO 63043**

## GUIDELINES FOR CAMP VOUCHER PARTICIPANTS

1. All campers must be at least six years of age and meet eligibility requirements as listed in the Saint Louis Office for DD Resources manual.
2. Camper must live in their natural home with a primary caregiver or be a St. Louis City DFS placement.
3. The camper must pay the camp deposit directly to the camp; if a camp deposit is not required 10% of the camp cost will be the required deposit. The deposit must be received by the camp before the camper attends.
4. Campers can use this service ticket for one week of residential camp one time per summer or up to two residential weekend or break camps per fiscal year, not to exceed their funded allocation. Campers can use the Camp Voucher to attend a residential camp during the same summer that a Community Socialization Voucher is used to attend a day camp.
5. Camp funds cannot be used to pay for physicals.
6. It is the campers' responsibility to register, complete, and mail all camp applications directly to the camp.

### CAMP 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 indicated)

\_\_\_ 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 from 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 applications by FAX. They 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 the Recreation Council's City Coordinator at:

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

Funding for this program is provided by the St. Louis Office for DD Resources