



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 (not parents or support personnel). 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