

Please Read

Complete the following steps

1. Fill out the After-School Voucher Program fields on the Universal Application (including legal guardian signature)
2. If you are new to the Recreation Council's Voucher programs, you are required to have a DMH Regional Center Service Coordinator or a physician complete the Verification of Eligibility Form
3. If both parents are living in the home, we will need employment verification for both parents: (a) W-2 form & (b) letter from employer: on letterhead stationary, work hours defined and Employer ID.

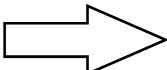
Applications that are incomplete will not be processed & will be returned to the applicant.

Applications should be mailed to:



**The Recreation Council of Greater St. Louis
11 Worthington Access Drive, Suite E
Maryland Heights, MO 63043**

If you have any questions,
contact Peggy Welker at (314) 726-6044 ext. 103 or
peggy@recreationcouncil.org
For more information about other Recreation Council Services,
visit our website: www.recreationcouncil.org

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Important After School Voucher Information

The After School Voucher is used to support working families by providing funding to Saint Louis County residents of eligible children with intellectual and developmental disabilities, ages 13-21, needing after school care during the school year.

TO BE ELIGIBLE

- By the age of 13, most after school community-based programs are not offered. This disproportionately affects families with children who have intellectual or developmental disabilities.
- Funding is for families whose parents are working during the hours of 3pm - 6pm, who need to access after school care for their child. The provider can be either an after school care program or an individual provider.
- Parents of participants in this voucher program must be employed between 3pm to 6pm and provide the Recreation Council with 2 documents related to their employment: their previous year's W-2 and a letter from their employer which gives the employer ID number and the hours parents work.
- The participant must live in their natural home.

HOW IT WORKS

- Funds will be provided for care between the school's published start and end date for the school year, not to exceed 174 school days. Individuals may apply for a maximum of 522 service hours.
- There are specific days the Recreation Council will pay for full day care: school breaks, snow days and/or in-service days periodic child sick days, up to 9 hours/day as part of the maximum 522 service hours. The Recreation Council will not pay for weekends, nationally established holidays such as Thanksgiving, Christmas, Memorial Day, Labor Day or other days not considered a "school day".
- Each family is responsible to budget their approved hours (maximum 522). Hours will be allocated by the St. Louis County Coordinator unless a specific circumstance is documented on the application. As each quarter passes, any unused hours from that quarter will be eliminated from your 522 maximum & given to the next family on a wait list.
- The reimbursement rate paid to the provider is \$4.50 per service hour. The family is responsible for any costs over the \$4.50 per hour (your co-pay).

THE PROVIDER & REIMBURSEMENT

- Once the voucher is approved, the Recreation Council will reimburse the support provider *after* the support has been provided. For invoicing purposes, The Recreation Council provides the family/participant with voucher invoices. The family/participant gives the support provider(s) a blank payment voucher for invoicing the Recreation Council on a monthly basis. For timely payment of services, the Recreation Council must receive invoices by the 5th of the month (i.e., for September services, invoice must be received by October 5th) *Please note that invoices over 60 days from service will not be approved for payment. Under no circumstances will voucher invoices be considered after July 5th of the given fiscal year.
- Parents will be required to sign-off on the voucher to verify usage of services. The Recreation Council will continue to track all service usage hours and keep parents informed of remaining hours.
- Recognizing parents know their child best and as an avenue to promote self-determination, this voucher program allows parents to choose the support provider which they feel is best qualified to provide the care for their child.
- The provider must be at least 16 years of age and cannot be a relative that resides in the participant's home.
- The Recreation Council is the payee of funds only and is not responsible for the actions of the provider. In signing the application and service agreement parents and providers hold The Recreation Council and its employees harmless from any and all claims, injuries, damages, losses or suits in connection with the performance of the provider.
- For the welfare and safety of the participant, the Recreation Council strongly encourages participants to obtain a provider background screening check. MO Dept. of Health Family Care Safety Registry (573)526-1974.
- Should The Recreation Council reimburse a provider more than \$600. through this voucher program in a calendar year (January - December), they will be issued a 1099 form. **Please inform your provider!**

If you have a grievance with the After-School Voucher Program, the Recreation Council does have a Grievance Policy that will be sent to you upon request. * A Service hour is defined as one hour of face-to-face after school care support by the provider to the participant. ****Vouchers are limited and available on a first-come, first-serve basis.**

If you have questions, please call Peggy Welker at 314-726-6044 ext. 103

All About the Participant		Does Participant Live in St. Louis County? YES NO	
	Name _____	Does Participant Have an Intellectual/Developmental Disability? YES NO	
	Street _____ Apt. _____	Is Participant New to the Recreation Council? YES NO	
	City _____ State _____ Zip Code _____	Does Participant have a Regional Center Service Coordinator? YES NO	
	Is This a New Address? YES NO	DMH Regional Center Case Number: _____	
	Date of Birth _____ Social Security # _____	Regional Center Service Coordinator Name: _____	
	Home Phone _____ Email Address _____	Service Coordinator Phone: _____	
	Would You Like to be Included on our Email List for our Newsletter, Future Voucher Applications, etc? YES NO	<p>Who is the contact person to send notifications and answer questions regarding this application? <i>IMPORTANT!</i></p> <p>_____</p> <p>Name _____</p> <p>_____</p> <p>Email Address _____</p> <p>_____</p> <p>Mailing Address _____</p> <p>Phone: _____ Cell: _____</p>	
	If under 18 Years Old:		
	Parent Name: _____		
Address: _____			
Phone: _____ Email: _____	<p>ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE VOUCHER FUNDS!</p>		
Does Participant have a Legal Guardian? YES NO			
If Yes, Guardian Name: _____			
Guardian Phone Number: _____			
Guardian Address: _____			
The Recreation Council Voucher Programs	Participant is Applying for: <i>Check Only One!</i>		
	<input type="checkbox"/> Adventure Voucher Program (complete section A) <input type="checkbox"/> Recreation Supports Voucher (complete section B) <input type="checkbox"/> After School Voucher Program (complete section C)		
	<i>The Above Voucher Programs Run July 1 through June 30</i>		
	<input type="checkbox"/> Residential Camp Voucher (complete section D) This program <i>Runs Oct. 1—Sept. 30</i> <i>If you are applying for multiple vouchers, you must use a separate application for each program.</i>		
	<p style="color: red; font-weight: bold;">YOU MUST CHECK AT LEAST ONE OR AS MANY THAT APPLY:</p> I am Using this Voucher for: <input type="checkbox"/> I Need 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: _____		
	Are There Other Funds Available That You Will Be Seeking for your Program Cost? YES NO		
	If yes, please list funding: _____		
	Statement of Understanding & Releases	<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, Productive Living Board for St. Louis County Citizens with Developmental Disabilities (PLB) 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

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

A. ADVENTURE VOUCHER

This is for an experiential/adventure program, not for overnight camps. See below to apply for overnight camps (section D).

Name of Adventure Provider: _____ Program Name: _____

Program Dates: _____ Contact Person: _____

Adventure Provider Telephone Number: _____ Email Address: _____

Adventure Provider Address: _____
 Street City State Zip Code

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

B. RECREATION SUPPORTS

I am applying for: (please check either and/or both) CARE Funds Recreation Support Provider Hours (up to 80)

Name of Program Attending: _____

Program Dates: _____ Contact Person: _____

Telephone Number: _____ Email Address: _____

Address: _____

I Need Voucher Funds to Hire a Recreation Support Provider to Assist with Personal Care Issues in a Community-Based, Inclusive Recreation Program: Number of Hours Your Are Requesting: _____ (Not to exceed 80 hours of service)

I am applying for the CARE (Community Access Recreation Engagement) funds for costs of one inclusive, community-based recreation program, programs for both individuals with and without disabilities and not PLB funded.
 Actual Program Cost: \$ _____ \$ _____ 10% co-pay (participant's responsibility)
 Requested Amount: \$ _____ (not to exceed \$350. per fiscal year)

C. AFTER SCHOOL

Indicate How Your Family Will Use Your After School Care Service Hours: *Check all that apply!*

In-Home Care After School Access Community Programs After School
 Enroll in After-School Program Name of After-School Program: _____

Number of After School Care Hours Your Are Requesting: _____ (up to 522 hours)

Please Indicate Number of Hours Needed Per Quarter: *Unused quarterly hours will be canceled and assigned to other applicants.*

1st Quarter 2nd Quarter 3rd Quarter 4th Quarter
 (August & Sept.) (Oct., Nov., & Dec) (Jan., Feb., March) (April, May, June)

NOTE: Parents MUST BE EMPLOYED DURING THE SERVICE. Are the Parents Currently Employed? YES NO
 If yes, include required documentation (employer letter & W2), name, address and phone number of employer(s).

D. RESIDENTIAL CAMP

I am applying for an overnight camp program of my choice:

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: \$ _____

If applicable complete this portion: Rather than applying for the camp fee, I am applying for support hours for an individual to provide support for the participant at camp. Number of Hours I Will Need _____ (up to 14 hours a day for 7 days)



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