Recreation Council of Greater St. Louis
Recreation Voucher Program for St. Charles County
Overview of the Program

The Recreation Council’s recreation voucher is a reimbursement program designed to encourage people with developmental disabilities to experience a recreation program of their choice. This includes summer day camps, residential camps, adventure programs, and community recreation programs. The project is funded by the Developmental Disabilities Resource Board of St. Charles County (DDRB).

Vouchers are available for St. Charles County residents with developmental disabilities, which includes people with mental retardation, cerebral palsy, epilepsy, autism, learning disabilities, and head injuries. Participants must live in St. Charles County and have Department of Mental Health St. Louis Regional Office, or DDRB eligibility to receive a voucher. Contact the Regional Office in St. Charles County at 636-926-1200 to inquire on eligibility status or the process to become eligible.

First, a participant chooses a recreation program. If funding assistance is needed, the participant submits an application to the Recreation Council. If the recreation provider agrees to accept our voucher, an approval form is mailed to both the participant and the program provider, which promises payment after the participant attends the program. Provider participation is voluntary, so payment arrangements must be made with the provider. Participants then register and pay the agreed amount for their recreation program to the provider. After the participant attends the program, the provider submits a request for payment from the Recreation Council. The Recreation Council pays the provider for programs only if the participant attended the program. The participant is responsible for fees charged for canceling or failing to attend a voucher-funded program.

Vouchers fund programs that occur between July 1 and June 30 of our current fiscal year. The voucher covers a portion of the program fee up to the maximum allowable cap. The participant pays the remainder of the program fee. Supplies, transportation, and registration fees are not covered. Families may request community recreation funds throughout the year for multiple programs until the cap is reached. Overnight camp funding is a one-time use voucher. Funding is granted based on availability of money. Program vouchers are written on a first-come, first-serve basis when registration information is submitted. Proof of financial need is not required.

Because this project is funded by the DDRB, projects that already receive funding from the DDRB are not voucher eligible. Programs should be in the state of Missouri, and preferably in St. Charles County. The program is designed to meet recreational needs, thus therapeutic programs are not funded. Applicants may not use voucher funds and respite funds for the same program.

Applications must be completed each fiscal year. Individuals can request an application by contacting the Recreation Council office at 636-477-7704, online at www.recreationcouncil.org, or by e-mail at stchascounty@recreationcouncil.org
To avoid delays in processing your application, read the following guidelines and the application forms carefully.

- **ELIGIBILITY**: Applicants must have a developmental disability as defined by the Developmental Disability Resource Board (DDRB), and live in St. Charles County in a natural home or in-home placement. Applicants provide their Department of Mental Health (DMH) case number on the first page of the application.

- **APPLYING**: Complete applications consist of 3 pages: the application with demographics and DMH case number, a service agreement/DDRBoard client information release form, and a funding request for your chosen program. Incomplete applications are pending until all necessary pieces are received.

- **FUNDING REQUESTS**: All requests must be in written form. You may attach registration information to your application, including dates, cost, provider, and program, use the funding request form, or send your details by e-mail. When anticipated dates are selected when your provider is not currently enrolling for your chosen program, the applicant/caregiver **MUST** contact the Recreation Council by the program’s start date intimated on the request to initiate a voucher. Funds will not be held past the date identified on the funding request portion of the application. Program details are required before funding is granted.

- **VOUCHERS FUND PROGRAMS**, and may only be used to fund the chosen program of the person named on the voucher approval form. Vouchers are granted for either (but not both) community recreation or overnight camp. Applicants are not guaranteed funding until they receive a voucher approval form that specifies the approved amount.

- **REIMBURSEMENT** for recreation support vouchers goes to the recreation provider after the participant has attended their program. Attendance is required at the program to use voucher funds. Participants **MUST** contact the recreation provider and the Recreation Council if changes in attendance occur. Fees charged for failure to attend a voucher-funded program are the participant’s responsibility.

- **VOUCHER FUNDS THAT REMAIN UNUSED** by the expiration date listed on the voucher approval form will be reallocated to the general fund. Applicants may re-request expired or unused funds which will be granted based on availability of money. If a recreation provider cancels the selected program, money will be held for 30 days to find an alternative program.

  The applicant/caregiver **MUST** contact the Recreation Council if a voucher is written and the participant will not or cannot use the allocated funds. Failure to do so will result in suspension of funding for one fiscal year. Applicant/caregiver may contest their suspension by submitting a written explanation of the reason for failing to contact our office. Acceptable reasons include illness, hospitalization, or personal crisis.

  Requests to review suspensions require verification through the applicant’s Regional Office or DDRB case manager, or medical professional.

- **CO-PAY**: All voucher amounts are subject to a co-pay on program cost. The voucher covers program fees only. The participant/guardian is responsible for paying program deposits and additional fees such as transportation, physicals, clothing, supplies, equipment, membership fees, and registration fees. Respite money **may not** be used to off-set the co-pay.

- **OVERNIGHT CAMP** vouchers pay 65% of the camp fee up to a maximum of $400, or $650 for camps that charge extra for 1:1 support. Camps should be located within the State of MO or receive prior approval. Requests to fund a camp outside MO require an explanation of why the chosen camp is the ONLY one that meets the applicant’s need. Requests for 1:1 support require Regional or DDRB Case Managers to verify the higher support need. Applicants may request funds for 1-week-long camp, OR 2 mini-camps per fiscal year. Overnight adventure programs, Scout camps, & sports overnight camps will be funded with overnight camp money up to $400. You may submit a request to fund a June 2018 week of camp using most current registration information available. Funds for June 2018 will be held until March 30, 2018.

- **ADULT COMMUNITY TRIPS**. Adults ages 21 and older who have expended the maximum amount of overnight voucher funds to attend a specialized overnight camp may **request additional funds** to attend one organized inclusive community day trip offered by the local parks and recreation departments to visit area attractions. Trips must originate in St Charles County.

- **COMMUNITY RECREATION** vouchers pay for up to 85% of the program fees up to an annual maximum of $300. Community vouchers may be requested for one or more providers and/or programs, and/or personal care. Programs should be located in St. Charles County or within a 50-mile radius of St. Charles County. Requests outside that area require exception request on the funding request form. Priority is given to requests to fund a new experience for an applicant. Ongoing funding is not guaranteed.

  1:1 PERSONAL CARE: Community recreation money may be used to hire a support person for an inclusive recreation program, and is reimbursed to the applicant at $6 per hour. Request funds for personal care on the funding request form of the application.

- **SUMMER DAY CAMP FUNDING**: Applicants may request community recreation funds for up to 2 weeks of summer day camp per calendar year, which includes May, June, July, and August. Applicants with high personal care needs may apply for additional funding to support a person to provide feeding, toileting, and dressing care. (See PCS details below.)

- **ADVENTURE PROGRAM** vouchers pay up to 65% of the program fee up to a maximum of $400 for overnight out-of-town, out-of-state, and high adventure trips. The trip should be within a 300-mile radius of St. Charles County & be provided by a Missouri program provider. Exceptions may be granted with a written explanation of the reasons for choosing that program.

- **PERSONAL CARE FOR MUNICIPAL PARK SUMMER DAY CAMP (PSC)**: Families with children ages 5-17 who require personal care of toileting, feeding, or dressing at a municipal park summer day camp may request additional funds to reimburse for PCS services delivered while attending these day camps. Reimbursement for PCS services is $8 per hour and is paid directly to the family for hours provided while at the day camp. Support staff are recruited, trained, and screened by the family/caregiver. Contact the Recreation Council to get a supplemental application to request these funds.

- **EXCLUSIONS**: Therapy programs, child care services, personal vacations, and special events are not funded. Admissions, such as tickets to sporting events or performances, open skating, and bowling are not funded. Education-based programs such as summer school, education-focused summer camps, and after-school clubs are not funded. Any program that receives DDRB funding is not eligible for voucher funding such as Community Living, DASA, YMCA summer day camp. Applicants may not use respite funds and a voucher for the same program.
1. **PARTICIPANT’S INFORMATION:** PRINT LEGIBLY

Name: ___________________________ Phone Number: ___________________________

Address: ___________________________________________________________________

Street: __________________________ City: __________________________ Zip Code: ___________

E-Mail Address (optional): _______________________________________________________

E-mail address will be added to the e-mail distribution lists. Your address will not be sold or shared.

Date of Birth: __/__/____ Gender: ___Male ___Female

Individual to contact regarding questions/ concerns: ____________________________

Relationship: ___________________________________________ Phone #: ___________________

2. **GUARDIAN INFORMATION:**

Is participant his/her own guardian? ___Yes ___No (If yes, participant signs application as the legal guardian)

If no, complete the following information and this individual must sign application as the legal guardian.

Guardian Name: ___________________________________________ Guardian’s Phone Number: __________

3. **ELIGIBILITY INFORMATION** (Check all that apply):

- Does the Participant live in St. Charles County? ___Yes ___No

- Current Residence Type:

  - ___Lives with Family/Guardian  ___Individualized Supported Living  ___Lives Independently
  - ___Group Home  ___Foster Home  ___Habilitation Center or State-Run Group Home (not funding eligible)

- Participant’s Diagnosis of Disability: ____________________________________________

- Level of support needed: ___1:1 (one staff to one participant)  ___1:4  ___1:8  ___other ______

- DMH case number: __________________________ Case Manager Name: __________________________

  Contact your Regional Office or DDRB case manager if you do not know your DMH case number.

4. **I AM APPLYING FOR** (select one): ______Overnight Camp Funding ______Community Recreation Funds

Is this a new activity you are trying for the first time? YES NO

5. **RETURNING APPLICANTS SECTION** (optional)

The Recreation Support Voucher last year helped me in these areas (check all that apply):

- ___Try a NEW recreation or leisure activity  ___Build skills to access my community
- ___Enhance or develop my social skills  ___Increase my self-confidence

I had a positive social experience while attending my chosen program: ___YES ___NO

The recreation program I selected last year met my recreation needs: ___YES ___NO

One thing I remember about my program: ____________________________________________

I am satisfied with the services of the Recreation Council: ___YES ___NO

Comments: _______________________________________________________________________

Answers to these questions are used to justify our program to our funder and never impact your approval for funding.

6. **SIGNATURE:**

I give the Recreation Council permission to communicate with my Regional or DDRB service coordinator for eligibility and program information. I understand that falsification of application and program information is cause for disqualification from this program and its funding. Furthermore, I give my consent to the Recreation Council to exchange information with recreation program providers as needed regarding this funding.

_________________________________________________ _______________________
SIGNATURE of Applicant (as own legal guardian) DATE

OR  SIGNATURE of Assigned Legal Guardian

Submit application by mail, fax (no cover sheet needed), or in person to:
Recreation Council ~ 60 Gailwood Dr.—Suite C ~ St. Peters MO 63376 ~ Phone & Fax: 636-477-7704
Scan & e-mail to: stchascounty@recreationcouncil.org ~ Visit the website for additional forms: www.recreationcouncil.org
FY 2018 RECREATION COUNCIL SERVICE AGREEMENT: I have read and understand the intent, purpose and guidelines of the Recreation Council’s Recreation Supports Voucher Program. As a participant of this voucher program, I agree to follow the program guidelines as presented by the Recreation Council. I understand that these voucher funds are to be utilized during the period of July 1, 2017–June 30, 2018 for the purpose of attending a recreation program for the applicant who is a St. Charles County resident and has a developmental disability. The Recreation Council is acting in the capacity of reimbursing the recreation program of my choice that is providing the program. I understand that it is my responsibility to identify, screen, select the program and work with the provider that I have chosen to meet my support needs.

To the fullest extent permitted by law, I shall indemnify and hold harmless the Recreation Council of Greater St. Louis and the Developmental Disabilities Resource Board of St. Charles County, and their Directors, Officers, consultants, agents, employees and volunteers from and against claims, damages, losses and expenses, including but not limited to attorney’s 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, 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 recreation providers regardless of whether or not such injury, claim, damage, loss or expense is caused in part or in whole by a party indemnified hereunder.

CLIENT RIGHTS and RESPONSIBILITIES: As a client of the Recreation Council, you have the right to be treated with dignity and respect, and be a member of your community, be informed of services that are available through The Recreation County, choose your recreation provider and do things you enjoy in your leisure time, have a guardian to help you make decisions, if needed, be free from abuse, neglect, humiliation, retaliation, or financial exploitation, be involved in the planning of services and the support you receive, have things explained to you in a way you can understand, make a complaint and have people listen to you and try to help fix the problem, see information that is in your individual record, and have information about you kept private, receive services no matter what your race, color, gender, age or religion or sexual orientation, individuals with a guardian may have limited rights. As a client of the Recreation Council, it is my responsibility to treat others with respect, and respect the privacy of others, plan for your future and make decisions to the best of your ability, work cooperatively with others while taking part in activities and learning to be more independent, never intentionally do things that hurt you or someone else, or damages property, act in a safe, responsible manner when attending a recreation program, follow the rules and guidelines set forth by the recreation provider, adhere to the voucher guidelines when using voucher funds.

RECREATION COUNCIL GRIEVANCE PROCEDURE: The Recreation Council of Greater St. Louis will allow a means so that all recipients of its services and their families shall be provided a vehicle to ensure that their voices may be heard when expressing a grievance. A grievance is an issue that is felt to afford reason for complaint and which formally needs to be expressed in written form. To receive a copy of the Recreation Council’s Grievance Policy, please contact the Administrative Office at 314-726-6044.

DDBR CLIENT INFORMATION RELEASE: The Developmental Disabilities Resource Board of St. Charles County (DDRB) is a Senate Bill 40 Board that enables St. Charles County voters to tax themselves to pay for services for people with certain disabilities. The DDRB provides funding for the programs and services you receive from The Recreation Council of Greater St. Louis. The DDRB periodically reviews individual files/records to assure compliance with agency outcomes, eligibility and quality assurance. This is notice to you that as a funding entity the DDRB will have access to your information on file with The Recreation Council for the purpose of planning and review. The information reviewed/obtained by the DDRB may be released to a professional consultant contracted by the DDRB for the purpose of general data collection to identify trends in the service delivery. Personal identifiable data will not be released to any other party. The DDRB maintains its client information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The DDRB does not sell or share it’s customer information with other entities except as noted above. I understand that refusal to sign this document will forfeit my ability to receive funds from the DDRB.

BY SIGNING THIS DOCUMENT, YOU AGREE TO THE FOLLOWING:

• To allow The Recreation Council to share information regarding my records with the DDRB of St. Charles County for program funding and continuity of services. All information shared is protected by HIPAA law;
• I have read and understand the intent, purpose and guidelines of the Recreation Council’s Recreation Supports Voucher Program, and agree to follow the program guidelines as presented by the Recreation Council;
• I have read and understand my rights and responsibilities, and am aware of the Recreation Council grievance policy.
• This release is valid for the funding year identified on this application including the audit period for this funding year, and may be revoked by myself with written notification.

Participant’s Name (PLEASE PRINT): ________________________________

Signature of Participant who is their own legal guardian

*OR Signature of Legal Guardian

Date

Date

Recreation Council Voucher Coordinator

Date

Submit application by mail, fax (no cover sheet needed), or in person to: Recreation Council – 60 Gailwood Dr. ~ Suite C ~ St Peters MO 63376 ~ Phone & Fax: 636-477-7704 Scan & e-mail to: stchascounty@recreationcouncil.org ~ Visit the website for additional forms: www.recreationcouncil.org
VOUCHER FUNDING REQUEST FORM
Recreation Council, St. Charles County

Use this form to request funding for your specific program or you may send registration confirmation in lieu of this request form when your program generates that information. **COMPLETING THIS FORM DOES NOT GUARANTEE FUNDING.** You ONLY have funding guaranteed when you and your recreation provider have both received a voucher approval form listing the approved amount and the program dates. Do NOT begin your program prior to receiving the voucher approval form directly from the Recreation Council unless you plan to pay for it yourself.

Applicant Name: ________________________________

Name of person making request, if different from applicant: ________________________________

- Requests must include dates, cost, provider, and program you are enrolling to attend. Incomplete requests are not guaranteed funding. You must have a program date listed for funding to be considered.
- If your program is not currently accepting registration for your chosen program, write anticipated program dates on this form. You must contact the Recreation Council prior to the selected start date to receive funding. **Failure to do so will result in forfeiture of requested funds.**
- The voucher program pays providers directly. If you pay for your program prior to requesting your voucher, make sure your recreation provider will refund your fees if you are granted a voucher.
- **READ THE GUIDELINES PAGE OF THE VOUCHER APPLICATION FOR MORE DETAILS.**

<table>
<thead>
<tr>
<th>Recreation Provider Name and contact information for your selected provider(s).</th>
<th>Activity/Program Name of program/class</th>
<th>Program Dates (may be anticipated) REQUIRED FOR FUNDING Start date - - - - - - End Date</th>
<th>Program Cost* (amount you’d pay without funding)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>$</td>
</tr>
</tbody>
</table>

Personal Care funds requested: $300 cap is combination of program and personal care funds  
Requested Amount: ** $ ____________

☐ I will be applying for additional personal care funding for toileting, feeding, or dressing to attend a municipal park summer day camp for my child ages 5-17. Request personal care funding for day camp by completing the supplemental request form found on our website, or contact our office to request a copy of the supplemental form.

☐ I want to apply for municipal park day trip funds for adults. (ages 21 and older). Additional adult trip funds are available for ages 21 and older who used voucher funds to attend a specialized overnight camp during this fiscal year. See guidelines page for information on 1:1 care funding.

*Fees for transportation, medical exams, field trips, event tickets, and supplies cannot be reimbursed by the voucher. Registration and membership fees are the responsibility of the applicant.

**Requested Amount is how much money you need to attend the program. You are not guaranteed funding for the entire amount you request. Annual maximum funding is listed in the guidelines. You may request the maximum amount if needed.

Exception Requests: Applicants requesting an exception to the guidelines, such as out-of-area day programs or out-of-state overnight camps and adventure programs, should use this section to explain the reason why no program or camp within St. Charles or Missouri meets your recreation needs: ________________________________

Return this form to The Recreation Council  
Mail: 60 Gailwood Dr-Suite C, St. Peters, MO 63376  
Fax: 636-477-7704 Phone & Fax—No Cover Sheet Needed  
E-Mail as an attachment: stchascounty@recreationcouncil.org

Download the current application at:  
www.recreationcouncil.org ~ Look for the “Voucher Applications” tab and click on “St. Charles County” to find the application.

Recreation Council Use Only:
Date Received: ________________________________ Amt Approved: ____________ Staff Signature ____________ Date: ____________

Submit request by mail, e-mail, fax (no cover sheet needed), or in person to:
Recreation Council ~ 60 Gailwood Dr.—Suite C ~ St Peters MO 63376 ~ Phone & Fax: 636-477-7704
Scan & e-mail to: stchascounty@recreationcouncil.org ~ Visit the website for additional forms: www.recreationcouncil.org