

Please Read



Completing the Camp Voucher Application

1. Fill out the Universal Voucher Application—including legal guardian signature on the front of the application and complete Section D: the Overnight Camp Voucher.
2. If new to the Recreation Council’s voucher programs, please have a DMH Regional Center Service Coordinator, DD Resources Service Advocate or applicant’s physician complete the Verification of Eligibility Form. All other families may dismiss that page.
3. You are responsible for registering the participant directly with the Camp and paying the camp deposit directly to the Camp.
4. Once you mail your application, please allow up to 2 weeks or 10 business days in order to process your request as we are receiving a large volume of applications. If you do not receive your approval or hear from us, please contact us immediately.

**Please print legibly when completing your application.
Applications that are incomplete (missing dates or signature)
will be returned to the applicant which will delay your approval.**

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

**Applications received by fax or hand delivery will be returned.
Completed Camp Voucher Applications may be mailed to the
Recreation Council **starting January 15, 2022.**
We will not accept applications postmarked before the date of **January 15, 2022.****

If you have any questions, please contact Mindy Davis, St. Louis City Coordinator at (314) 726-6044 ext. 105 or mdavis@recreationcouncil.org. For more information about other Recreation Council Services, visit our website: www.recreationcouncil.org

Important Overnight Camp Voucher Information

The Camp Voucher program is used to provide eligible St. Louis County residents with assistance in accessing any **overnight** residential camp programs of their choice, which best meet their interests and support needs.

HOW IT WORKS

- This is a voucher program, which means The Recreation Council will reimburse the camp program fee *after* the camper has attended his/her camp session.
- There is a participant *co-payment required* which is the camp's deposit. If the camp chosen does not require a deposit then the co-pay will be 10% of the camp fee. In the event the co-pay is a financial hardship, the Recreation Council staff will review individual requests to assist with this deposit (call or email for assistance).
- **Camp deposits (co-pay) must be submitted directly to the camp with your camp application! An approval for the voucher funding DOES NOT mean you are registered with the camp. You MUST apply and register directly with the camp program for the camper's camp session!**

The two voucher funding options families may select from are:

1. **REIMBURSEMENT OF CAMP FEE.** The Recreation Council will reimburse for a camp program up to \$550 per fiscal year for up to a (1) seven day session or (2) mini-camps (weekend camp). Exceptions of the maximum funding levels can be considered for individuals with verification of high support needs attending camps which provide specialized levels of support. That maximum funding level is \$825 for one- to- one assistance (additional documentation is required. Please call for assistance).
2. **REIMBURSEMENT OF INDIVIDUAL SUPPORT.** The Recreation Council will reimburse the participant or family/guardian who need to hire an individual to attend the camp program specifically to provide for the camper's support needs, if the camp does not offer such assistance. Examples of this include personal care or assistance with challenging support needs. This support option is limited to 7 days @ 14 hours/day @ \$5.50/hour. If you are applying for this option The Recreation Council strongly recommends, for the safety of the camper, that you do a criminal background check through **health.mogov/safety/fcsr/index.php**. The Recreation Council will reimburse for one-time background checks up to \$10.

When choosing the support staff voucher option, make certain to contact the camp to discuss this matter before registering for your program. They may require payment and/or a background check.

- The voucher does not cover costs/fees for registration deposits, transportation, medical examinations, etc. **You may use the voucher funding only one time per summer (per fiscal year October 1 to September 30).**

TO BE ELIGIBLE

- To be eligible for this voucher program, the camper must live in St. Louis City and have a developmental disability as defined by DD Resources. These funds are not available for individuals who reside in state-operated facilities. Other eligibility criteria may apply.
- The Recreation Council hopes that the voucher program will enable campers with developmental disabilities access to a variety of camps, both specialized and inclusive.

****Vouchers are limited and available on a first-come, first-served basis for applications that are filled out correctly and completely. Application for the Voucher must be made prior to the camper attending the camp program.**

If you have questions, please contact Mindy Davis at 314-726-6044 ext. 105 or mdavis@recreationcouncil.org.

These funds are made possible through a grant from The St. Louis Office for Developmental Disability Resources.

All About the Participant

Participant's Name: _____

Address: _____

Street Apt

City State Zip Code

Is This a New Address? YES NO

Date of Birth: _____

Social Security #: _____

Phone Number: _____

Email Address: _____

Gender: Female Male

Would you like to be Included on our EMAIL list for our Newsletter, Future Voucher Applications, etc? YES NO

If under 18 Years Old:

Parent Name: _____

Address: _____

Phone: _____ Email: _____

Does Participant have a Legal Guardian? YES NO

If Yes, Guardian Name: _____

Guardian Phone Number: _____

Guardian Address: _____

If you are applying for multiple vouchers, you must use a separate application for each program.

Applicant Feedback: Your answers are used to justify our program to our funder and never impact your funding.

The vouchers I have used in past year(s) have helped me in the following areas: *(Must check all that apply)*

- ___ I needed financial assistance
- ___ I participated in a meaningful activity
- ___ I made my own recreation choices
- ___ I socialized with people of my choice
- ___ I gained social skills
- ___ I gained communication skills
- ___ I learned self-advocacy skills
- ___ My life is happier & more fulfilling
- ___ My program met my recreation needs

Other: _____

The Recreation Council Voucher Funds are "Last Dollars In" therefore, we strongly encourage you to inquire with the program you are applying for if they have financial assistance, scholarships, coupons, etc.

ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE VOUCHER FUNDS!

The Recreation Council Voucher Programs

Participant Lives in: (Circle One)

St. Louis County St. Louis City St. Charles County

Does Participant Have an Intellectual / Developmental Disability? YES NO

Please Specify: _____

Is Participant New to the Recreation Council? YES NO
If yes, complete Eligibility Form (St. Louis City & County only)

Level of Support Needed: __ 1:1 __ 1:4 __ 1:8 Other__

DMH Case Number: _____

Coordinator's Name: _____

Coordinator's Phone Number: _____

Coordinator Location: DMH-Regional Office DD Resources DDRB

Who is the contact person to send notifications and answer questions regarding this application? IMPORTANT!

Name _____

E-Mail Address _____

Mailing Address _____

Phone: _____ Cell: _____

Statement of Understanding & Releases

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 partners, Productive Living Board for St. Louis County Citizens with Developmental Disabilities (PLB); St. Louis Office for DD Resources, DDRB of St. Charles County, regarding funding issues, and/or other providers involved in which the voucher will be used. I understand my client rights and responsibilities and am aware of the Recreation Council Grievance Policies.

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 signature or 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. With any electronic signature to this form, I agree that I am my own guardian or I am the applicant's legal guardian.

Signature of Participant or Legal Guardian _____ **Date** _____

Return this signed application to: Recreation Council of Greater St. Louis, St. Louis City Coordinator, 11 Worthington Access Drive, Suite E, Maryland Heights, MO 63043. Fax 314-726-3454.

A. EXPERIENTIAL 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

REQUEST:

Cost of Program: \$ _____ Your Co-Pay (at least 10%): \$ _____ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ _____
Amount of Assistance You Will Receive From Other Resources: \$ _____ Funding Request: \$ _____

Rec Council Use Only: Approved? Yes No
Amount Approved: \$ _____ Participant Co-Pay: \$ _____
Approved by: _____

B. CARE & RECREATION SUPPORT

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

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 community-based recreation program, and not PLB, DDR or DDRB funded.

Total Cost of Program: \$ _____ Your Co-Pay (at least 10%): \$ _____ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ _____

Rec Council Use Only: Approved? Yes No
Amount Approved: \$ _____ Participant Co-Pay: \$ _____
Approved by: _____

C. AFTER SCHOOL / EXTENDED DAY

Indicate How Your Family Will Use Your After School Care Service Hours: **NOT AVAILABLE IN ST. CHARLES COUNTY**
Check all that apply!

In-Home Care After School Access Community Programs After School
 Enroll in After-School Program Name of After-School Program/Sch. District _____

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

Rec Council Use Only: Approved? Yes No
Hours Approved: _____
Approved by: _____

D. OVERNIGHT CAMP

I am applying for an overnight camp program of my choice: Check one: Mini Camp Full Camp Week

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: \$ _____ Camp Deposit (at least 10%): \$ _____ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ _____
Amount of Assistance You Will Receive From Other Resources: \$ _____ 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 _____ Reimbursement Rate is \$ 9.00 per hour as funds are available.

Rec Council Use Only: Approved? Yes No
Amount Approved: \$ _____ Participant Co-Pay: \$ _____
Approved by: _____

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. You may return this form by fax to

(314) 726-3454 or mail to: The Recreation Council
11 Worthington Access Drive, Suite E
Maryland Heights, Missouri 63043



The Recreation Council of Greater St. Louis' services shall be available to all persons without regard to race, color, religion, national origin, sex, disability, ages, military or veterans status, sexual orientation, gender identity or any other factor prohibited by law. The Recreation Council staff will always be respectful of the rights of its consumers. (See YOUR CLIENT RIGHTS). Consumers will always be treated with dignity and respect. All consumer files and paperwork will be kept private in compliance with HIPAA's treatment of Protected Health Information and/or confidentiality of consumer records and upholds the Missouri's Data Breach Notification Law.

As a client of the Recreation Council, you are entitled to the following rights and privileges.

Right to be treated with dignity and respect.

Right to be informed of and receive help to receive services that are available through The Recreation Council, as well as other agencies.

Right to be a member of your community.

Right to do things you enjoy in your spare time.

Right to have a guardian to help you make decisions, if needed.

Right to be free from abuse, neglect, humiliation, retaliation, or financial exploitation.

Right to be involved in the planning and scope of the services and support you receive and have things explained to you in a way you can understand.

Right to make a complaint and have people listen to you and try to help fix the problem.

Right to have access to the information that is in your individual record in sufficient time to make an informed decision.

Right to have information about you kept private.

Right to receive services no matter what your race, color, gender, age or religion or sexual orientation.

Right to choose your recreation provider and/or program

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 which 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. This document is made available to all participants of the Recreation Council's programs and services once an application is requested for such and can be found in the application packet, or on our website at www.RecreationCouncil.org or you may contact any of our offices to be sent a copy by mail or email. You may find it also posted in our Administrative Office.