

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