

The Recreation Council of Greater St. Louis
"Advocating for Recreation Choices for Individuals with DisABILITIES"

FINANCIAL HARDSHIP CO-PAY EXCEPTION REQUEST

This form is completed by your St. Louis Regional Office/DDR B service coordinator and sent directly to our office by fax, mail, or e-mail.

Consumer Name: _____ Date of Birth: _____

Consumer Address: _____

1. Diagnosis of Disability: _____

2. DMH Identification Number: _____

3. Use this area to briefly describe the circumstances regarding the consumer's financial hardship that would prohibit the person from attending their selected program without additional funding.

4. The program this person is requested to attend: _____

5. Cost of Program Selected: \$ _____

6. Amount the person could afford to pay toward this fee. \$ _____
Person is required to pay a minimum of 10% co-pay

ST. LOUIS REGIONAL OFFICE / DDR B SERVICE COORDINATOR SIGNATURE:

The information I am disclosing is an accurate reflection of my consumer's needs.

Service Coordinator Signature: _____ Date: _____

Printed Name: _____

Title: _____ Phone #: _____

Address: _____

Thank you for completing this form. Your assistance is greatly appreciated. This information is used to determine eligibility for waiver of required co-pay. If you have questions, contact the St. Charles County coordinator for the Recreation Council at the number or e-mail below.

Return information:

Mail: Recreation Council ~ 60 Gailwood Dr – Suite C ~ St. Peters MO 63376

Phone: 636-477-7704 - *Fax:* 314-726-3454

E-Mail: stchascounty@recreationcouncil.org