

Participant's Name: _____

Address: _____
Street Apt

_____ City State Zip Code

Is This a New Address? YES NO

Date of Birth: _____

Social Security #: _____
Not required for St. Charles County residents. Call our office if you not want to provide SSN in written form.

Phone Number: _____

Email Address: _____

Gender: Female Male

Would you like to be Included on our EMAIL list for weekly E-Newsletters & Voucher Applications: 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: _____

All About the Participant

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 and County only)

Level of Support Needed: ___ 1:1 ___ 1:4 ___ 1:8 Other ___

DMH Case Number: _____
Required for St. Charles County residents

Coordinator's Name (if applicable): _____

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: _____

If you are applying for multiple vouchers in St. Louis City or County, 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 years have helped me in the following areas: **(Check all that apply)**

I needed financial assistance

I participated in a meaningful activity

I made my own recreation choices

My program met my recreation needs

I am satisfied with the services of the Recreation Council

Comments: _____

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

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 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, St Charles Office, 60 Gailwood Dr. St. Peters, MO 63376 or Fax to 314-726-3454
 E-Mail to carol@recreationcouncil.org

St. Charles County Funding Request
 You may request funding for multiple programs below

PARTICIPANT: _____
 Return both pages to address on page 1

Program Information

Recreation Provider: _____ Contact Person: _____
 If attending a municipal park or YMCA program, are you eligible for the resident or member rate? YES NO

 Date Received

Program/Activity: _____

START Date: _____ End Date: _____ **OR** ___ My Program Dates are NOT available
FUNDING IS NOT APPROVED UNTIL PROGRAM DATES ARE SUBMITTED AND CONFIRMED.

 \$ Amount Approved

Total Program Cost: \$ _____ Additional Fees Charged: _____
 Amount you can afford to pay toward the program cost: \$ _____

 Coordinator

Amount of Voucher funding you need to attend your program: \$ _____

Have you already paid for your program fee or a deposit? Yes No

If yes, what amount: \$ _____ Attach your paid receipts.

Scholarship dollars, funding assistance, or discounts you are receiving from the program provider: \$ _____

Please explain your discounts: _____

Tell us any other details about your selected program that are important for this funding: _____

If you have used one of our vouchers in the past, please answer the survey questions on page 1. The Recreation Council uses your answers to justify continued funding from the DDRB. All your responses remain anonymous.

Use this section to request funds for a second program or different provider. See Guidelines for details.

Recreation Provider: _____ Contact Person: _____
 If attending a municipal park program, are you eligible for the resident or member rate? YES NO

 Date Received

Program/Activity: _____

START Date: _____ End Date: _____ **OR** ___ My Program Dates are NOT available
FUNDING IS NOT APPROVED UNTIL PROGRAM DATES ARE SUBMITTED AND CONFIRMED.

 \$ Amount Approved

Total Program Cost: \$ _____ Additional Fees Charged: _____
 Amount you can afford to pay toward the program cost: \$ _____

 Coordinator

Amount of Voucher funding you need to attend your program: \$ _____

Have you already paid for your program fee or a deposit? Yes No

If yes, what amount: \$ _____ Attach your paid receipts.

Scholarship dollars, funding assistance, or discounts you are receiving from the program provider: \$ _____

Please explain your discounts: _____

Tell us any other details about your selected program that are important for this funding: _____

Rec Supports-Personal Care

If attending an **INCLUSIVE COMMUNITY PROGRAM**, you may request funds to be reimbursed up to \$12 per hour for the cost to hire a person to assist with physical, cognitive, or behavioral support needs. Maximum of \$640 per fiscal year.

 Date Received

Recreation Provider: _____ Program/Activity: _____

Program Dates: _____ Contact Person: _____

Assistant Name: _____ Age: _____ Address _____
 Personal Care Assistant can be family, but cannot live in same home with applicant.

 \$ Amount Approved

Total number of hours you are requesting: _____ x \$ _____ per hour = Requested Amount: \$ _____

 Coordinator

The care giver must be age 16 or older, and may not reside in the same home as the participant. You find, screen, hire, and pay your support person. You are expected to pay your support person additional wages beyond the requested reimbursement amount as your co-pay. Hours paid to a support person for transportation to and from your program location are not reimbursable.

We recommend that the personal care provider undergo a security background check through the Missouri Department of Health, Family Care Registry. The family may request funds to cover the cost of doing a background check if needed. Visit www.health.mo.gov/safety/fcsr to get the forms or to complete the check online.