



The Recreation Council of Greater St. Louis
VOUCHER PROGRAM ELIGIBILITY VERIFICATION FORM

If you are new to The Recreation Council, this mandatory form must be completed and signed by one of the following: Physician Dept. of Mental Health Regional Office (attach copy of the CIMOR with client name and diagnosis) Special School District (attach IEP) Nurse Practitioner LCSW Psychologist First Step (attach Page 1)

Consumer's Name: _____ Consumer's Date of Birth: _____

1) Does this Consumer live in: (check one) _____ St. Louis City _____ St. Louis County _____ St. Charles County

2) Has this verifier determined this consumer has a developmental disability? Yes No
Please check the Consumer's Diagnosis: _____ Autism _____ Cerebral Palsy _____ Intellectual Disability
_____ Epilepsy _____ Head Injury (considered a permanent disability)
_____ Other** What is Diagnosis? _____

****If you checked OTHER** you must also check the substantial functional limitations in 2 or more of the following areas AND this must be signed by your Missouri DMH Regional Case Coordinator AND a copy of the CIMOR page MUST accompany this form.**

_____ Self Care _____ Capacity for Independent Living _____ Receptive & Expressive Language
_____ Learning _____ Mobility _____ Self Direction or Economic Self Sufficiency

When did this consumer's disability manifest itself? _____ Prior to age 19 _____ Prior to age 22

3) It is my professional opinion that the above named customer requires the following supervision/care (due to personal care assistance needs and/or due to positive behavior support needs) while in programming:
_____ 1 staff to 1 customer _____ 2 staff to 3 customers _____ 1 staff to 4 customers _____ 1 staff to 8 customers

4) Current Residence Type: **Must be a permanent resident of either St. Louis City, County or St. Charles County**
_____ Lives with Family/Guardian _____ Individualized Supported Living _____ Lives Independently
_____ Homeless/Emergency Shelter _____ Specialized Facility _____ Nursing Home
_____ Group Home _____ Habilitation Center _____ State Group Home
_____ Foster Home**: **If foster home check one:** _____ Temporary Placement _____ Permanent Placement

5) Parent/Legal Guardian's contact information: _____ (telephone) _____ (email)

6) Customer's Social Security Number _____ - _____ - _____

7) Customer's gender: _____ Male _____ Female _____ Other

8.) DMH Case Number _____ Service Coordinator/Manager Name: _____ Phone Number: _____

9) Are you aware of other funding that might assist this customer in obtaining funding for recreation programming?
_____ Yes _____ No If yes, please list funding: _____

To the best of my knowledge the information I am disclosing is true.

Signature/Title: _____ Date: _____

Print Name: _____ Agency: _____

Print Title: _____ Phone Number: _____

Address: _____

Street City State Zip Code

Thank you in advance for your time in completing this form, your assistance is greatly appreciated! If you have any questions, please feel free to contact the Recreation Council, at (314) 726-6044. This form may be faxed back by the verifier to The Recreation Council at (314) 726-3454, or mailed to:

The Recreation Council ~11457 Olde Cabin Rd. Suite 235 ~ St. Louis, MO 63141