

Complete Steps Below

OVERNIGHT CAMP VOUCHER

1. If you are new to the Recreation Council's Voucher programs, you are required to have the Verification of Eligibility form completed by a Department of Mental Health Coordinator or physician. All other participants/families can skip this step.
2. Complete the front and the back (Section D) of the Universal Voucher Application. At the minimum, you must include:
 - Signature of parent or legal guardian
 - Section D on the second page including name of camp, dates and total cost.
3. You are responsible for registering the participant directly with a Camp and paying the camp deposit directly to the Camp.
4. Once you send 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 (including 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
11457 Olde Cabin Road, Suite 235
St. Louis, MO 63141

It is preferred that applications be mailed. However, applications emailed to stlcounty@recreationcouncil.org will be accepted.

Completed applications may be mailed to the Recreation Council **starting January 15, 2025.**

If you have any questions, please contact Peggy Welker, St. Louis County Coordinator at (314) 726-6044 ext. 103 or Peggy@recreationcouncil.org. For more information about other Recreation Council Services, visit our website: www.recreationcouncil.org

Residential/Overnight Camp Voucher Guidelines & 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 reduce this copay (call for financial hardship guidelines).
- **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 typically at a rate of \$900 for up to a (1) six to seven day session or (2) two mini-camps or weekend camps. 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 at a higher cost.
 2. REIMBURSEMENT OF INDIVIDUAL SUPPORT. The Recreation Council will reimburse the participant or guardian who 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 @ \$6.00/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 County and have a developmental disability as defined by the Productive Living Board. 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-serve 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 Peggy Welker at 314-726-6044 ext. 103 or Peggy@recreationcouncil.org
Send applications to stlcounty@recreationcouncil.org.

These funds are made possible through a grant from The Productive Living Board for St. Louis County Citizens with Developmental Disabilities.



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

Phone Number: _____

Email Address: _____

Gender: Female Male Other

Would you like to receive our EMAIL list for 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 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 year(s) 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

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: _____
required for St. Charles Co residents

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 County Coordinator, 11457 Olde Cabin Rd. Suite 235, St. Louis, MO 63141. Fax 314-726-3454. stlcounty@recreationcouncil.org

**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, SUMMER VOUCHER
 & RECREATION SUPPORT**

I am applying for: (Only check one; separate application needed for each program)

CARE Voucher Summer Voucher *(St. Louis County only)* Recreation Support-Person Hours

Name of Program Attending: _____

Program Dates: _____ Contact Person: _____

Telephone Number: _____ Email Address: _____

Address: _____

Total Cost of Program: \$ _____ *(co-pays will apply; see voucher approval form)* Funds You are Able to Pay in Addition to the Co-Pay: \$ _____

Amount of Assistance you will receive from other sources: \$ _____ Requested Amount: \$ _____ *(funding limits apply)*

RECREATION SUPPORT-PERSON

I Need Voucher Funds to Hire a Recreation Support-Person to Assist with Personal Care Issues in a Community-Based, Inclusive Recreation Program: Number of Hours Requested: _____ (Not to exceed 80 hours of service)

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

**C. AFTER SCHOOL /
 AFTER PROGRAM / EXT DAY**

Indicate How Your Family Will Use Your After School/After-Program Service Hours: *Check all that apply!*

_____ In-Home Care _____ Out-of-Home Care

Name of Out-of-Home Care Provider _____

Name of School District _____ *(required if in school)*

Number of Care Hours You Are Requesting: _____ (up to 522 hours per fiscal year)

Please Indicate Number of Hours Needed Per Quarter: *Unused quarterly hours will be cancelled and assigned to other applicants.*

_____ 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter
(August & Sept.) (Oct., Nov., & Dec) (Jan., Feb., March) (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. RESIDENTIAL
 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 - if you are receiving funding from other sources: \$ _____ Requested Amount: \$ _____

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: _____



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



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.