

# Complete Steps Below

## CARE & RECREATION SUPPORT 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 back (Section C) of the Universal Voucher Application for Recreation Supports and/or CARE. At the minimum, you must include:
  - Signature of parent or legal guardian
  - Section C on the second page completed, including start/end dates
3. Once voucher approval is issued, reimbursement to the agency or the family (if they paid-in-full) will be initiated once the program session is completed and the agency has verified attendance. Reimbursement is issued monthly.

*For more information or if you have any questions, contact Mindy Davis at (314) 726-6044 ext. 105 or [mdavis@recreationcouncil.org](mailto:mdavis@recreationcouncil.org).*

Applications that are incomplete will not be processed & could delay approval.

**Applications are approved on first-come-first-serve basis.**

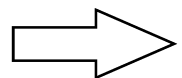
Applications for the CARE program or for Recreation Supports can be Emailed to [mdavis@recreationcouncil.org](mailto:mdavis@recreationcouncil.org). Applications can alternately be mailed to:



*"Leisure Without Limits"*

**The Recreation Council of Greater St. Louis  
11457 Olde Cabin Road, Suite 235  
St. Louis, MO 63141**

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



*Revised 12/2024*

## Important Recreation Supports Voucher Information

The Recreation Support voucher program helps individuals with developmental disabilities of all ages to equally access on-going & organized community recreation programs by providing funding for a support provider to meet their personal care needs.

### ABOUT THE PROGRAM

- This is a voucher program for a support provider for an individual accessing community programs. Voucher: this means the Recreation Council will reimburse the recreation support provider after the support has been provided. Support Provider: someone who assists in personal care needs as defined by the American with Disabilities Act (see below).
- For invoicing purposes, The Recreation Council will provide the family/participant with vouchers. The family/participant will then give the support provider (s) a blank payment voucher for invoicing the Recreation Council on a monthly basis. Participants of this program will be required to sign-off on the voucher in order to verify usage of the support provider's services. The payment voucher must be submitted within 60 days of service. The Recreation Council will track all service hours used and keep participants informed as needed.
- To learn more about recreation programs, visit [www.recreationcouncil.org](http://www.recreationcouncil.org) and check out our various publications and/or call our office at (314)726-6044.

### HOW IT WORKS

- If/When your application is approved, you will receive more detailed information & blank voucher invoice forms.
- The Recreation Council will reimburse the provider based on the hours on the voucher invoice after the participant has attended his/her recreation session or at the end of each month. The parent or provider must submit our voucher invoice forms within five days after the end of each month in order to be reimbursed for their services in a timely fashion.
- Individuals may apply for service hours starting at eighty (80) hours, at a reimbursement rate to the support provider of \$8.00 per service hour. The hours will be allocated based on the usage rate of the program. Any hours not utilized during the quarter indicated will be returned and allocated to others on the waiting list.

### TO BE ELIGIBLE

- The program must be an on-going, organized community recreation program which includes people with and without disabilities.
- Funds are available to St. Louis County residents with developmental disabilities of all ages residing in their natural homes who have personal care needs and wish to participate in organized , on-going community based recreation programs.
- Funding priority will be given to individuals with developmental disabilities who reside in their natural home and/or a PLB ISLA funded residential program (other applicants will be reviewed on an individual basis).
- Usage of this voucher program would include accessing recreation/leisure programs which are inclusive and not mandated by the Americans with Disabilities Act (ADA) to provide personal care assistance to participants; or programs not receiving funding from other sources to provide personal care assistance to their participants.
- *Personal care assistance is defined as needing assistance in one or more of the following areas: a) dressing; b) toileting; c) grooming; and d) feeding as defined in the ADA. This service would not include assistance with mobility (i.e. pushing wheelchairs), or support for individuals with high behavior support needs, and such, unless the recreation provider and the family can demonstrate that the individual needs a specialized provider which without this assistance the participant could not access a community-based recreation program. This option and others will be reviewed on an individual basis.*
- A Service Hour is defined as one hour of face-to-face support by provider to participant in order to participate successfully in community recreation program, at a reimbursement rate of \$8.00.
- It is the responsibility of the family/individual with a developmental disability to secure the support provider. The support provider should be at least 16 years of age and not reside in the participant's home. The Recreation Council merely serves as the payee of these funds. We do not provide screening, selection, or training of the support provider, nor will the Recreation Council be responsible for the actions of the support provider. For the welfare and safety of the participant, the Recreation Council strongly encourages participants to obtain a criminal background check through [health.mo.gov/safety/fcsr/index.php](http://health.mo.gov/safety/fcsr/index.php) We will reimburse for one-time background checks up to \$10.

If approved, you will be sent a copy of your client rights & responsibilities as well as our grievance policy.

***The availability of this program is based on a first-come, first-serve basis for completed applications***

## ABOUT THE CARE (Community Access Recreation Engagement) VOUCHER PROGRAM

The CARE (Community Access Recreation Engagement) voucher program assists individuals living in St. Louis County with developmental disabilities, of all ages, access funding, up to \$350. per fiscal year, for an on-going & organized community-based inclusive recreation programs (programs for both individuals with and without disabilities). A participant 10% co-pay applies.

### ABOUT THE PROGRAM

- This is a voucher program for funding community programs. Voucher: this means the Recreation Council will reimburse the recreation provider directly after the participant has attended the program, or will reimburse the participant if the payment for the program has been made, again, once proof is made that the participant actually attended the program.
- For invoicing purposes, the Recreation Council will provide the family/participant with a copy of the approved voucher for notification purposes and the Recreation Provider will also receive the voucher for billing purposes. If the participant pre-pays for the recreation program, a paid receipt is required and a statement from the Recreation Provider is required indicating that the participant did attend the program. The Recreation Council will track all program activity.
- To learn more about recreation voucher programs, visit [www.recreationcouncil.org](http://www.recreationcouncil.org) and check out our various publications and/or call our office at (314)726-6044.

### HOW IT WORKS

- Individuals **MUST** complete an application to the Recreation Council for these funds and also register directly with the Recreation Provider for the actual program service.
- If/When your application is approved, you will receive more detailed information on the invoice process.
- The Recreation Council will reimburse the program provider based on the approved voucher amount and the program dates. The vouchers are non-negotiable and any changes to the voucher **MUST** be pre-approved by the Recreation Council prior to engaging in the recreation program. The participant or recreation provider must submit our voucher invoice forms within five days after the end of each month in order to be reimbursed for their services in a timely fashion. All invoices must be received at the end of the program. In no circumstances will the Recreation Council reimburse for programs after September 30, 2025.
- The recreation programs supported by the CARE voucher must be on-going, organized recreation programs which include people with and without disabilities.
- Funding priority will be given to individuals with developmental disabilities who reside in their natural home and/or a PLB ISLA funded residential program (other applicants will be reviewed on an individual basis).
- Usage of this voucher program would include accessing recreation/leisure programs which are inclusive programs not receiving funding from other sources (i.e. PLB funding). Participants **MUST** indicate a financial need (on the application) in order to receive these voucher funds.
- *Participants may access up to \$350. per fiscal year (October 1—September 30) for a choice in one or more community-based inclusive recreation programs. Participants are responsible for at least a 10% co-pay.*
- If a support staff is necessary and not provided by the recreation provider, the participant may also apply for the Recreation Supports portion of this voucher (see application). It is the responsibility of the family/individual with a developmental disability to secure the support provider. The support provider must be at least 16 years of age and not reside in the participant's home. The Recreation Council merely serves as the payee of these funds. We do not provide screening, selection, or training of the support provider, nor will the Recreation Council be responsible for the actions of the support provider. For the welfare and safety of the participant, the Recreation Council strongly encourages participants to obtain a criminal background check through [health.mo.gov/safety/fcsr/index.php](http://health.mo.gov/safety/fcsr/index.php) We will reimburse for one-time background checks up to \$10.

*For Questions Regarding This Program, Contact Mindy Davis at (314)726-6044, ext. 105 or [Mdavis@recreationcouncil.org](mailto:Mdavis@recreationcouncil.org).*

If approved, you will be sent a copy of your client rights & responsibilities as well as our grievance policy.

***The availability of this program is based on a first-come, first-serve basis for completed applications***

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. mdavis@recreationcouncil.org (CARE)

**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](http://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.