

Recreation Council - St. Louis County Summer Voucher Application

All About the Participant	<input type="text"/>	Does Participant Live in St. Louis County? YES NO
	Participant Name	Does Participant Have an Intellectual/Developmental Disability? YES NO
	Street Apt.	Is Participant New to the Recreation Council? YES NO
	City State Zip Code	Does Participant have a Regional Center Service Coordinator? YES NO
	Date of Birth Social Security #	DMH Regional Center Case Number: _____
	Home Phone Email Address	Regional Center Service Coordinator Name: _____
	Would You Like to be Included on our Email List for our Newsletter, Future Voucher Applications, etc? YES NO	Service Coordinator Phone: _____
	If under 18 Years Old::	Has participant been involved in any other Productive Living Board funded services: <input type="checkbox"/> YES <input type="checkbox"/> NO If unsure, complete Eligibility Form.
	Parent Name: _____	Who is the contact person to send notifications and answer questions regarding this application? IMPORTANT! _____ Name _____ Email Address _____ Mailing Address Phone: _____ Cell: _____
	Address: _____	
Phone: _____ Email: _____		
Does Participant have a Legal Guardian? YES NO		
If Yes, Guardian Name: _____	ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE VOUCHER FUNDS!	
Guardian Phone Number: _____		
Guardian Address: _____		
Guardian Email: _____		
Are you aware of other funds that can assist in the payment of the program you are applying for? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Recreation Council CARE Extension Voucher Program	Participant is Applying for: Summer Voucher Funds <i>St. Louis County residents only. Funds are Limited.</i> <i>Up to \$500. during the months of May-August for programming for individuals with a developmental disability.</i> Name of Program or Support Provider (circle one): _____ Contact Person: _____ Address: _____ Email Address: _____ Phone Number: _____ Total Program Cost: \$ _____ Dates: _____ YOU MUST CHECK AT LEAST ONE OR AS MANY THAT APPLY: I am Using this Voucher for: <input type="checkbox"/> I need financial assistance <input type="checkbox"/> To participate in a meaningful experience <input type="checkbox"/> To socialize with people of my choice <input type="checkbox"/> To gain social, life and/or recreation skills <input type="checkbox"/> To build a happier and fulfilling life <input type="checkbox"/> Other: _____	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 partner, Productive Living Board for St. Louis County Citizens with Developmental Disabilities (PLB) regarding funding issues, and/or other providers involved in which the voucher will be used. 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. _____ Signature of Participant of Legal Consent or Parent (if participant under 18 years old) or Legal Guardian Date
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For Recreation Council Use Only	Date Applic. Rec'd: _____	Approved? YES NO	Date Approved: _____
Amount Approved: \$ _____	Family Portion of Cost: \$ _____	Staff Signature: _____	

SUMMER VOUCHER APPLICATION



Please Read

Complete the following steps

1. Fill out SUMMER Voucher Program Application and be certain to complete the entire application including all required signatures. Individuals accessing these funds **MUST** live in St. Louis County and have a documented developmental disability.
2. If you are new to the SUMMER Voucher program, you are required to have a DMH Regional Center Service Coordinator or a physician complete the Recreation Council's Verification of Eligibility Form . All other families can dismiss that page.
3. This voucher is to be used for participation SUMMER recreation programming only or for supports during the SUMMER (May-Aug).

Applications that are incomplete will not be processed and will be returned to the applicant. Please work directly with the service provider to determine your program cost for the period of
May-August 2025

Applications may be emailed to: info@recreationcouncil.org

or may be mailed to: Recreation Council,
11457 Olde Cabin Rd., Suite 235, St. Louis, MO 63141

If you have any questions,
contact Susan Fleming at (314) 726-6044 ext. 101
or email sfleming@recreationcouncil.org

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

The availability of this program's funding is based on a first-come, first-serve basis.

Important SUMMER Voucher Information

The Recreation Council's **Summer Voucher** program assists individuals with developmental disabilities, ages 3-20, who reside in St. Louis County, in accessing Summer recreation programming, or summer care, by providing partial funding to assist with the cost of a program or service. The applicant, if approved, is responsible for half of the program/support costs, which is to be paid directly to the program/support provider, not the Recreation Council.

ABOUT THE PROGRAM

- This is a voucher program for participants accessing Summer (May-Aug) recreation programs or supports (considered herein as "service provider". Voucher: this means the Recreation Council will reimburse the service provider after the service or program has been provided.
- For invoicing purposes, once the participant has been approved, the Recreation Council will notify the family and the service provider with an approval voucher form. The service provider will then invoice the Recreation Council with the approval form. The family will be notified that a payment to the provider has been made in order to verify the request for reimbursement. If there is a discrepancy, the parent is to notify the Recreation Council immediately. The Recreation Council will fund HALF of the total cost of the program or service up to the \$500 maximum. The family must pay their HALF of the cost, or more, and must be made payable to the service provider immediately before or once service is provided. Your COST may also be found on the approval form.
- Participants may not apply for funds over the amount of \$500. and only for half the cost of Summer programming or supports. **Families must pay at least half of the program/supports costs.**
- To learn more about other Recreation Council voucher programs, visit www.RecreationCouncil.org and/or call our office at (314)726 -6044, ext. 103.

HOW IT WORKS

- If/When your application is approved, you will receive a Summer Voucher Program Approval Form. Please read this form carefully.
- The Recreation Council will reimburse the service provider based on the approved amount listed on the Approval Form. The service provider will invoice the Recreation Council after the participant has attended his/her program session or after hours of service have been provided.

TO BE ELIGIBLE

- Funds are available to only St. Louis County residents with developmental disabilities, ages 3-20 (if attending school in the Fall) who successfully apply for this voucher program, and are accepted and deemed eligible.
- It is the responsibility of the family to apply for programming directly to the recreation program or secure a support provider. The Recreation Council merely serves as the payee of these funds. We do not provide screening, selection, or training of the service provider, nor will the Recreation Council be responsible for the actions of the recreation/service provider.

