

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!

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: _____

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 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
(August & Sept.)

_____ 2nd Quarter
(Oct., Nov., & Dec)

_____ 3rd Quarter
(Jan., Feb., March)

_____ 4th Quarter
(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: _____