

Recreation Council - St. Louis County Summer Voucher Application

All About the Participant	Participant Name _____	Does Participant Live in St. Louis County? YES NO
	Street _____ Apt. _____	Does Participant Have an Intellectual/Developmental Disability? YES NO
	City _____ State _____ Zip Code _____	Is Participant New to the Recreation Council? YES NO
	Date of Birth _____ Social Security # _____	Does Participant have a Regional Center or CHS Service Coordinator? YES NO
	Home Phone _____ Email Address _____	DMH Regional Center Case Number: _____
	Would You Like to be Included on our Email List for our Newsletter, Future Voucher Applications, etc? YES NO	Service Coordinator Name: _____
	If under 18 Years Old::	Service Coordinator Phone: _____
	Parent Name: _____	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.
	Address: _____	Who is the contact person to send notifications and answer questions regarding this application? <i>IMPORTANT!</i>
	Phone: _____ Email: _____	Name _____
Does Participant have a Legal Guardian? YES NO	Email Address _____	
If Yes, Guardian Name: _____	Mailing Address _____	
Guardian Phone Number: _____	Phone: _____ Cell: _____	
Guardian Address: _____	ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE VOUCHER FUNDS!	
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 Summer Voucher Program	Participant is Applying for: Summer Voucher Funds St. Louis County Residents Only - Funds are Limited	Statement of Understanding & Releases
	<i>The Summer Voucher pays half of the program cost, up to \$500, during the months of May-August.</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 make my own recreation choices <input type="checkbox"/> To meet my recreation needs <input type="checkbox"/> I am satisfied with the services of the Recreation Council	
	<i>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.</i>	
	<i>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.</i>	
	_____ Signature of Participant of Legal Consent or Parent (if participant under 18 years old) or Legal Guardian	
	_____ Date	

For Recreation Council Use Only	Date Applic. Rec'd: _____	Approved? YES NO	Date Approved: _____
Amount Approved: \$ _____	Family Portion of Cost: \$ _____	Staff Signature: _____	