



“Leisure Without Limits”

Thank you for your interest in The Recreation Council’s **SUMMER SOCIALIZATION VOUCHER PROGRAM** for Summer 2026. **Please keep this letter with your records, as an explanation of the Summer Socialization Voucher Program.** Please read this letter carefully in determining if this program will meet your son/daughter’s summer needs.

These funds are available to St. Louis County residents with developmental disabilities, ages 13 - 21, whose parents are working during the hours of 7am - 6pm, who need to access a support provider to take them out into the community to attend activities or programs in the community. Parents of the participants in this voucher program must be employed outside the home, during the hours of 7am - 6pm, and provide the Recreation Council with documentation of employment. The participant must also live in their natural home. **These funds are only to be utilized during the period of June 1, 2026 through the first day of school, August 2026** for community socialization services between the hours of 7am - 6pm, not to exceed 308 hours. Individuals may apply for a maximum of **308** service hours, at a reimbursement rate paid to the support provider of \$9.00 per service hour. The family is responsible for any costs over the \$9.00 the Recreation Council pays per each hour (your co-pay). The Recreation Council will pay for summer socialization services during **weekdays only June 1, 2026 to August 15, 2026**. Each family will have to budget their approved hours (maximum 308) to include these days. The Recreation Council will not pay for services before June 1, 2026 or after August 15, 2026, weekends, or national holidays. The availability of this program is based on a first-come, first-served basis, as funds are limited. This is a voucher program, which means **The Recreation Council will reimburse the family of the individual after the support has been provided.** 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 (Please note that invoices over **30** days old may not be approved for payment). Parents of this program will be required to sign-off on the voucher in order to verify usage of the provider’s services. The Recreation Council will continue to track all service usage and keep participants informed of such.

Furthermore, the intent of this voucher program allows for participants’ (families’) choice in the summer socialization care provider whom they feel is best qualified to provide the care. It is the responsibility of the parents/guardian to secure the support provider. The support provider cannot be a relative living in the home and must be at least 16 years of age. For more information on how to obtain background checks on individuals, please see the next page.

In the past, The Recreation Council has reimbursed the care provider directly. If they received more than \$600 through this voucher program in a calendar year (January - December), they would be issued a 1099 form for tax purposes. **However, we are now reimbursing families directly.** Care providers are urged to discuss the financial implications with their tax preparer.

Funding for this program is provided by the Productive Living Board for St. Louis County Citizens with Developmental Disabilities

St. Louis County Administrative Office: 11457 Olde Cabin Road, Suite 235, St. Louis MO 63141 ~ (314) 726-6044
St. Louis City Office: 11457 Olde Cabin Road, Suite 235, St. Louis MO 63141 ~ (314) 772-2299
St. Charles County Office: 60 Gailwood, Suite C, St. Peters, Missouri 63376~ (636) 477-7704
www.RecreationCouncil.org



*****OPTIONAL BACKGROUND CHECK INFORMATION*****

The Recreation Council merely serves as the payee of these funds, not for the provision of the actual 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 parents/guardian to obtain a provider background screening check. To do this, contact the Missouri Department of Health, Family Care Safety Registry.

To request a form call (573) 526-1974 or write to them at:

Missouri Department of Health, Fee Receipts Unit, P. O. Box 570, Jefferson City, MO 65102

If you choose to do this, you are invited to send proof that a completed background check was obtained (i.e. - cancelled check, receipt) to The Recreation Council and we will reimburse you up to \$15 toward that background check.

*****THE APPLICATION PROCESS*****

1. Fill out voucher application in full. Attach a signed letter from your employer (on letterhead) to confirm you work full-time at their business and generally what hours you work. Also attach a copy of your W-2 which also serves as documentation of continuous employment (even if the W-2 is from a previous employer). If any piece is missing, the application cannot be processed. At that time, individuals will be given 10 business days to return paperwork. If paperwork is not returned, the application will NOT be considered for funding. Application will not be processed until all pieces are completed and received by the Recreation Council. Applications are processed on a first come-first served basis of completed and received applications, as funding is available.
2. Signature of parent/guardian is required on the application.
3. You may email your application to rhickey@recreationcouncil.org, send through US mail or fax to 314-726-3454.

*****THE VERIFICATION PROCESS*****

Eligibility information must be obtained from either the participant's St. Louis County Regional Center (DMH) Support Coordinator or a medical professional (a physician or nurse practitioner).

If you have received voucher funding from us in the past or have submitted an eligibility verification form from one of the above listed sources in the past, you do not need to submit an eligibility form. We have it on file.

***** SURVEY *****

A survey regarding your experience in accessing vouchers with The Recreation Council will be mailed out halfway through the year and again at the end of the year. The Productive Living Board requires that recipients of the vouchers fill this out in order to provide feedback to the agency about how they can better serve individuals accessing the vouchers and to determine need for the program in future years. We appreciate your cooperation in completing this survey. Without this information we are not able to report on our project; which may impact the availability of this voucher program in the future. If you have any questions or concerns please contact us.

Attached you will find a copy of your Client Rights. If you have a grievance in regard to this voucher program, please contact the Recreation Council's Executive Director Mindy Davis at 314-726-6044. The Recreation Council has a grievance policy and form that you may complete if your grievance has not been resolved to your satisfaction after speaking with our Executive Director. This grievance form will be shared with the Council's Board of Directors and the Productive Living Board.

Rachel Hickey

St. Louis County Coordinator

Summer Community Socialization Voucher Program

APPLICATION FOR FUNDING FOR SUMMER 2026



RECREATION COUNCIL OF GREATER ST. LOUIS

1. PARTICIPANT INFORMATION

Participant's Name: _____ Participant's Phone Number: _____

Participant's Address: _____ Participant lives in St. Louis County? Yes No
Street Address City Zip Code

Participant's Social Security Number: _____ Participant's Date of Birth: ____/____/____ Gender: _____

Has student received voucher funding from the Recreation Council before? Yes No

Individual to contact regarding questions/ concerns: _____ Relationship: _____ Phone #: _____

E-mail Address: _____ Would you like to be on our email list for newsletter/program updates? YES NO

2. GUARDIAN / PARENT INFORMATION

Does the participant have a guardian separate from their birth parents/ parents they currently live with? YES NO

If yes, please complete the following information:

Guardian Name: _____ Guardian's Phone Number: _____

Guardian Address: _____

Are all parents living in the home currently employed? YES NO

Parent's employer _____ Supervisor's Name/Phone Number _____

Parent's employer _____ Supervisor's Name/Phone Number _____

3. STATEMENT OF UNDERSTANDING AND RELEASE

EMPLOYMENT. I understand I must be working outside the home during the hours that my support provider is invoicing the Recreation Council for this voucher program. I further understand that falsification of my employment information or failure to notify the Recreation Council of changes in my employment status or hours can and will disqualify my family from this program and its funding. I understand this program is to be used for my child to socialize & participate in recreation activities. I give the Recreation Council permission to verify eligibility by contacting the above listed.

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 harm-less 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 Parent or Legal Guardian

Date

Email to rhickey@recreationcouncil.org or fax to (314) 726-3454 or mail to 11457 Olde Cabin Rd, #235, St. Louis MO 63141.

DOCUMENTATION OF NEED

The vouchers I have used in the past year(s) have helped me in the following areas:

- | | |
|---------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> I needed financial assistance | <input type="checkbox"/> I participated in a meaningful activity |
| <input type="checkbox"/> I made my own recreation choices | <input type="checkbox"/> My program met my recreation needs |
| <input type="checkbox"/> I am satisfied with services of the Recreation Council | <input type="checkbox"/> Comments: _____ |