

All About the Participant

Applicant's Name: _____

Street _____ Apt # _____

City _____ State _____ Zip Code _____

Residency Type (Circle one):

Natural Home Supported Living Foster Placement
Lives Independently Other: _____

Date of Birth _____ Phone Number _____

Email Address _____

Gender: Female Male

Would you like to be Included on our EMAIL list: YES NO
Select One: ___ Weekly Email ___ Quarterly only

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: _____

CHECK AT LEAST ONE OR AS MANY THAT APPLY:

The activity I selected is a NEW activity for me:
YES NO

My level of need is: Low Moderate Critical
(this does not impact your funding)

I am Applying for the Recreation Council's Voucher for the purpose of:

- ___ I Need Financial Assistance
- ___ To Develop or Enhance Friendships/Socialization
- ___ To Develop or Enhance Living Skills
- ___ To Develop or Enhance Community Access Skills
- ___ To Develop or Enhance Leisure Skills
- ___ To Make My Life Happier & More Fulfilling
- ___ To Meet my Recreation Needs

Other: _____

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!

Applicant resides in the city limits of (Circle One)

St. Louis County St. Louis City St. Charles County

Disability: _____

Is Participant New to the Recreation Council? YES NO

Level of Support Needed: ___ 1:1 ___ 1:4 ___ 1:8 Other ___

DMH Case Number: _____

Service Coordinator's Name: _____ Agency: _____

Service Coordinator's Phone or E-Mail: _____

If applicant is age 18-20, is the youth in school: YES NO

St. Charles County youth who are graduating but not returning to a school program in the fall, and adults over age 21 are not eligible for special needs overnight camp funding.

Who is the contact person to send notifications and answer questions regarding this application? IMPORTANT!

Name _____

Email 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 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 or Legal Guardian _____ Date _____

APPLICANT'S NAME: _____ **ST. CHARLES COUNTY Recreation Council Voucher Funding Application**

Program Information	Program Provider: _____ If attending a municipal park program, are you eligible for the resident rate? YES NO	Date Received
	Name of Program: _____	\$ _____ Amount Approved
	Program Dates: _____ Contact Person: _____	
	Program Cost: \$ _____ Amount you can afford to pay toward the program cost: \$ _____ Amount of Voucher funding you need to attend your program: \$ _____	Coordinator
	Scholarship dollars, funding assistance, or discounts you are receiving from the program provider: \$ _____ Please explain your discounts: _____	
	Tell us any other details about your selected program that are important for this funding: _____ _____ _____	

Personal Care	If you are attending an inclusive program in the community, you may request funds to reimburse you for the cost to hire a person to assist with physical, cognitive, or behavioral support needs. You find, screen, hire, and pay this person. Submit documentation of this need from your case manager, physician, or other professional working with you.	Date Received
	Number of hours you are requesting: _____ x \$8 per hour = Requested Amount: \$ _____ Assistant Name: _____ Age: _____ Address _____ <i>Personal Care Assistant can be family, but cannot live in same home with applicant.</i>	\$ _____ Amount Approved Coordinator

Summer Day Camp Personal Care	<i>These funds are limited to youth ages 5-17 attending a municipal park day camp only</i>	Date Received
	Municipal Park Day Camp Provider: (circle all that apply) O'Fallon St. Charles St. Peters Wentzville Lake St. Louis	\$ _____ Amount Approved
	Camp Location (which site): _____ Dates of camp weeks I am attending: _____	
	Number of hours you are requesting: _____ x \$8 per hour = Requested Amount: \$ _____ Assistant Name: _____ Age: _____ Address _____ <i>Personal Care Assistant can be family, but cannot live in same home with applicant.</i>	Coordinator

Read each section and initial on the line to indicate that you understand each one. If you need assistance understanding these items, contact the Recreation Council.

CLIENT RIGHTS: As a client of the Recreation Council, you have the right to be treated with dignity and respect, be a contributing member of your community, be informed of services that are available through The Recreation Council, choose your recreation provider, do things you enjoy in your leisure time, have a guardian to help you make decisions if needed (individuals with a guardian may have limited rights), be free from abuse, neglect, humiliation, retaliation, or financial exploitation, be involved in the planning of services and the support you receive, have things explained to you in a way you can understand, make a complaint and have people listen to you to help fix the problem, see information that is in your individual record, have information about you keep private, and receive services no matter what your race, color, gender, disability, age, or religion.

CLIENT RESPONSIBILITIES: As a client of the Recreation Council, it is your responsibility to treat others with respect and to respect the privacy of others, plan for your future and make decisions to the best of your ability, work cooperatively with others while taking part in activities and learning to be more independent, never intentionally do things that hurt you or someone else nor damages property, act in a safe responsible manner when attending a recreation program, follow the rules and policies set forth by the recreation provider to the best of your ability.

RECREATION COUNCIL GRIEVANCE PROCEDURE: A grievance is an issue that is felt to afford reason for complaint and which formally needs to be expressed in written form. A written grievance may be submitted to the Executive Director within 5 working days of the incident. The grievance will be answered within 10 working days. If you do not agree with the decision, you may submit a written grievance to the Recreation Council Board of Directors who will review the incident at the next regularly scheduled board meeting. All grievances will be answered within 60 days. Decision of the Board of Directors is final. To receive a detailed copy of the Recreation Council's Grievance Policy, contact the Administrative Office at 314-726-6044.

DDRB CLIENT INFORMATION RELEASE: The Developmental Disabilities Resource Board of St. Charles County (DDRB) is a Senate Bill 40 Board that enables St. Charles County voters to tax themselves to pay for services for people with certain disabilities. The DDRB provides funding for the programs and services you receive from The Recreation Council of Greater St. Louis. The DDRB periodically reviews individual files/records to assure compliance with agency outcomes, eligibility and quality assurance. This is notice to you that as a funding entity the DDRB will have access to your information on file with The Recreation Council for the purpose of planning and review. The information reviewed/obtained by the DDRB may be released to a professional consultant contracted by the DDRB for the purpose of general data collection to identify trends in the service delivery. Personal identifiable data will not be released to any other party. The DDRB maintains its client information in accordance with the Health Insurance Portability and Accountability Act (HIPAA). The DDRB does not sell or share its customer information with other entities except as noted above. I understand that refusal to sign this document will forfeit my ability to receive funds from the DDRB.