

**All About the Participant**

**Applicant Name** \_\_\_\_\_

**Street** \_\_\_\_\_ **Apt.** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip Code** \_\_\_\_\_

**Is This a New Address?** YES NO

**Date of Birth** \_\_\_\_\_ **Social Security #** \_\_\_\_\_  
(St Louis City & County)

**Phone Number** \_\_\_\_\_ **Email Address** \_\_\_\_\_

**Gender:** Female Male \_\_\_\_\_

**DMH #:** (St. Charles County) \_\_\_\_\_

Has participant been involved in any other SB40 Board funded services: \_\_\_ YES \_\_\_ NO  
*If unsure, complete Eligibility Form*

**Would you like to be included on our E-Mail list for our newsletter, future opportunities, etc?** YES NO

**Are you your own Legal Guardian?** YES NO

If no, please list Guardian information below.

**Guardian Name:** \_\_\_\_\_

**Guardian Phone Number:** \_\_\_\_\_

**Guardian Address:** \_\_\_\_\_

**Level of Support Needed:** \_\_\_ 1:1 \_\_\_ 1:4 \_\_\_ 1:8 Other \_\_\_

**Recreation Council E-Connect Equipment Program**

**YOU MUST CHECK AT LEAST ONE OR AS MANY THAT APPLY:** I am using this request for:

\_\_\_ I Need Financial Assistance  
*Is financial need: \_\_\_ Critical \_\_\_ Moderate \_\_\_ Low*

\_\_\_ To develop or enhance friendships/socialization

\_\_\_ To access virtual recreation programming

\_\_\_ To socialize with friends and family

\_\_\_ To develop or enhance leisure skills

\_\_\_ To make my life happier & more fulfilling

**How will this improve the quality of your life:**  
\_\_\_\_\_

**Tell us why you need this tablet:**  
\_\_\_\_\_  
\_\_\_\_\_

**Participant Lives in:** (Circle answer)  
St. Louis County      St. Louis City      St. Charles County

**Does participant have an Intellectual/Developmental Disability?** YES NO

Please describe disability: \_\_\_\_\_

**Is Participant New to the Recreation Council?** YES NO

**Does Participant have a Regional Center Service Coordinator?** YES NO

Service Coordinator Name: \_\_\_\_\_

Service Coordinator Phone: \_\_\_\_\_

**ALL INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE E-CONNECT PROGRAM!**

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

Name \_\_\_\_\_

Email Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Address: \_\_\_\_\_

**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 request will be used.*

*Furthermore, I have read and understand the intent, purpose and guidelines of the Recreation Council 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 to provide a tablet and 6 mos. of data for virtual recreation programming which acceptance is 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 Guardian** (if participant under 18 years old)

\_\_\_\_\_  
**Date**

**For Recreation Council Use Only:** Date Rec'd: \_\_\_\_\_ Approved? YES NO Date Approved: \_\_\_\_\_

Participant Co-Pay: \$ \_\_\_\_\_ Staff Signature: \_\_\_\_\_

# Recreation Council - E-Connect One-Time Equipment Request Application

PARTICIPANT FIRST & LAST NAME \_\_\_\_\_

About the Participant — electronic connectivity

Tell us about **THE APPLICANT'S** connectivity to the internet and electronic devices you currently own.

I own these devices (check all that apply)

- Cell Phone with NO video capability
- Cell Phone with video capability
- Tablet, please specify what you own: \_\_\_\_\_
- Computer or laptop

My devices connect to the internet?      YES    NO

Can you add apps to your device?      YES    NO

Can you watch videos on your device?    YES    NO

**If you have a device, explain why your device cannot connect to your virtual recreation program:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Where do you live?**

- My natural home     Independent Supported Living   
 Group home       Foster or Host Home

**Within my home, my internet connectivity is:**

I have internet access in my home      YES    NO

I know how to use the internet      YES    NO

*Tell us about the program you want to join by electronic means.*

I am already connected to an existing program that is currently doing online recreation programming.

I am in the process of joining a program that is doing online recreation programming.

## Name of Program Agency

Name of program \_\_\_\_\_

Program contact person \_\_\_\_\_

Program person telephone # \_\_\_\_\_

Program person email \_\_\_\_\_

In order to access this recreation/leisure program, I will need the following: (check all that apply)

- tablet & protective cover
- internet connectivity through a data plan

**Software - I need training to use these apps:**

- Facebook       Zoom
- Gmail       Instant Messenger

I have additional hardware needs due to my disability.  
 YES    NO    Please specify \_\_\_\_\_

**Participant is responsible for a co-pay up to \$30. Tablet becomes property of recipient. Fee may be reduced if this creates a financial hardship.**

Program of Interest & Participant electronic needs

Statement of Understanding & Releases

## YOUR TECHNICAL CONTACT PERSON

Once I receive my device, this is the person who will be connecting & setting up my device for me & who can answer any technical questions. **IMPORTANT!**

Name \_\_\_\_\_

Email Address \_\_\_\_\_ Cell Phone # \_\_\_\_\_

I do not have someone to provide technical assistance.

1. *Equipment is given to participant based on acknowledged need & is made on a first-come-first-serve basis and is non-transferrable. If a participant should acquire their own device in the near future or is not using this device, the item should be returned to the Recreation Council. The Recreation Council can pay postage upon request.*
2. *Program coordinators are responsible for the welfare of devices until delivered to participants. The Rec Council encourages program coordinators to monitor the usage of these devices.*
3. *Each device has a manufacturer warranty. Any malfunction should be directed to the manufacturer. Any failure of the device to work properly or any cost to repair is the responsibility of the participant.*
4. *Participant, Program Coordinator or DSP must notify the Recreation Council by phone or email if any of the following occur: components given in the enclosed packing slip are missing or package does not arrive on/near the date promised. It is illegal to copy or distribute any software obtained through the E-Connect program.*
5. *Failure to comply with the above listed responsibilities may result in a loss of future program funding.*
6. *In signing this application, you agree to not hold the Recreation Council responsible or liable for loss, injury or any other damages to persons or property resulting from the use of the materials and devices delivered to you.*
7. *Any use of this device for illegal means is not the responsibility of the Recreation Council or its affiliates.*
8. *Agency Coordinator is acting on behalf of the participant & has discussed the application and responsibilities.*

\_\_\_\_\_  
**Signature of Participant/Guardian**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Agency Supporting Individual**

Please return this signed application to the Recreation Council of Greater St. Louis: [info@recreationcouncil.org](mailto:info@recreationcouncil.org) or fax to 314-726-3454. If needed, mail to 11 Worthington Access Drive, Suite E, Maryland Heights, MO 63043.