

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 #: \_\_\_\_\_  
(St. Louis City and St. Louis County only)

Phone Number: \_\_\_\_\_

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

Gender: Female Male

Would you like to be Included on our EMAIL list for our 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, you must 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: **(Must check all that apply)**

- \_\_\_ I needed financial assistance
- \_\_\_ I participated in a meaningful activity
- \_\_\_ I made my own recreation choices
- \_\_\_ I socialized with people of my choice
- \_\_\_ I gained social skills
- \_\_\_ I gained communication skills
- \_\_\_ I learned self-advocacy skills
- \_\_\_ My life is happier & more fulfilling
- \_\_\_ My program met 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!**

The Recreation Council Voucher Programs

**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, please complete Eligibility Form*

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

**DMH Case Number:** \_\_\_\_\_

**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: \_\_\_\_\_

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**

Return this signed application to: Recreation Council of Greater St. Louis,  
 11 Worthington Access Drive, Suite E, Maryland Heights, MO 63043  
 Fax to 314-726-3454      E-Mail to peggy@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 & RECREATION  
SUPPORT**

I am applying for: (please check either and/or both) \_\_\_\_\_ CARE Funds \_\_\_\_\_ Recreation Support Provider Hours

Name of Program Attending: \_\_\_\_\_

Program Dates: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

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

I Need Voucher Funds to Hire a Recreation Support Provider to Assist with Personal Care Issues in a Community-Based, Inclusive Recreation Program: Number of Hours Your Are Requesting: \_\_\_\_\_ (Not to exceed 80 hours of service)

I am applying for the CARE (Community Access Recreation Engagement) funds for costs of one community-based recreation program, and not PLB, DDR or DDRB funded.

Cost of Program: \$ \_\_\_\_\_ Your Co-Pay (at least 10%): \$ \_\_\_\_\_ Amount of Funds You are Able to Pay in Addition to the Co-Pay: \$ \_\_\_\_\_

Rec Council Use Only: Approved? Yes No  
 Amount Approved: \$ \_\_\_\_\_ Participant Co-Pay: \$ \_\_\_\_\_  
 Approved by: \_\_\_\_\_

**C. AFTER SCHOOL**

Indicate How Your Family Will Use Your After School Care Service Hours: **NOT AVAILABLE IN ST. CHARLES COUNTY**  
 Check all that apply!

\_\_\_\_\_ In-Home Care After School \_\_\_\_\_ Access Community Programs After School

\_\_\_\_\_ Enroll in After-School Program Name of After-School Program: \_\_\_\_\_

Number of After School Care Hours Your Are Requesting: \_\_\_\_\_ (up to 522 hours)

Please Indicate Number of Hours Needed Per Quarter: *Unused quarterly hours will be canceled 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 You Will Receive From Other Resources: \$ \_\_\_\_\_

*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: \_\_\_\_\_