

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: 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: _____

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 years 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, St Charles Office,
 60 Gailwood Dr. St. Peters, MO 63376 or Fax to 314-726-3454
 E-Mail to carol@recreationcouncil.org

Program Information

Recreation Provider: _____
 If attending a municipal park program, are you eligible for the resident rate? YES NO

Program/Activity: _____

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: \$ _____

Have you already paid for your program fee or a deposit? Yes No
 If yes, what amount: \$ _____ (attach your paid receipts)

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: _____

My need for this funding is: _____ Critical _____ Moderate _____ Low (your answer will not impact your funding request.)
If you have used one of our vouchers in the past, please answer the survey questions on page 1. The Recreation Council uses your answers to justify continued funding from the DDRB. All your responses remain anonymous.

Date Received

\$ Amount Approved

Coordinator

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. Personal care hours cannot be not be used for transportation time going to and from your program.

Recreation Provider: _____ Program/Activity: _____

Program Dates: _____ Contact Person: _____

Assistant Name: _____ Age: _____ Address _____
Personal Care Assistant can be family, but cannot live in same home with applicant.

If attending Municipal Park Day Camp, circle location: O'Fallon St. Charles St. Peters Wentzville Lake St. Louis
 Are you eligible for the resident rate? YES NO

Dates of camp weeks I am attending and need personal care hours: _____

Total number of hours you are requesting: _____ x \$8 per hour = Requested Amount:\$ _____

Date Received

\$ Amount Approved

Coordinator

Details about our funding programs are listed on the **GUIDELINES** page. Electronic copy of the guidelines can be found on our website at www.recreationcouncil.org/applications

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. Client Rights, Responsibilities, and Grievance Procedure available at www.recreationcouncil.org/applications

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. 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, review, and billing. The DDRB maintains its client information in accordance with the Health Insurance Portability and Accountability Act (HIPAA).