

All About the Participant

Student's Name _____		
Street _____	Apt. _____	
City _____	State _____	Zip Code _____
Is This a New Address?	YES	NO
Date of Birth _____	Social Security # _____	
Phone Number _____	Email Address _____	
Gender:	Female	Male
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: _____		

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

Which School District Does Your Child Attend? _____

Does Participant Have an Intellectual/Developmental Disability?
 YES NO

Is Participant New to the Recreation Council? YES NO
 If yes, you must provide Eligibility Verification Form

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

DMH Case Number: _____

Service Coordinator's Name: _____

Agency: _____

Service Coordinator's Phone Number: _____

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 Program

I am in need of the Extended Day Care Family Support Voucher for care and learning assistance for my child's virtual in-home school semester (January-June 2021) due to the COVID pandemic. Please check all that apply:

___ I need financial assistance to address my child's extended day care/learning needs while my child receives at-home virtual educational instruction

___ Both parents work outside the home during my child's school hours and virtual education instruction

___ I am a single parent working outside the home during my child's virtual education instruction hours

___ Parent(s) are working inside the home during my child's virtual education instruction but I cannot provide care/learning assistance during my work hours as stipulated by my employer.

___ I do not have a relative/neighbor/friend to assist with my need (in-home) unless payment is granted

___ I prefer my child attend an outside learning center while I/we work outside the home

___ Without this assistance I may lose my job

Other: _____

The Recreation Council Voucher Funds are "Last Dollars In" therefore, we strongly encourage you to inquire with other programs, Respite Care, and other options that may assist with your need. INFORMATION ON THIS FORM MUST BE COMPLETED TO BE CONSIDERED FOR THE VOUCHER FUNDS!

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); and St. Louis Office for DD Resources, 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

Student's Name

LEARN & LEISURE EXTENDED SCHOOL DAY CARE VOUCHER

Indicate Which Support Option Your Family Wishes to Use:

___ In-Home Care

___ Out-of-Home Community Learning Programs During School Hours

IN-HOME CARE/LEARNING ASSISTANCE SUPPORT (*In-Home care*):

If family chooses In-Home Care/Learning, the family must secure their own care/learning support person.

Determine the Number of In-Home Care/Learning Supports hours your child requires between January—June 2021.

Please Indicate Number of Hours Needed For the Semester:

January _____ March _____ April _____ May _____ June _____

How much will your support provider charge per hour? \$ _____ How much can you pay of this cost per hour? \$ _____

Please consider that other families need this support and we want to serve as many families as possible.

COMMUNITY-BASED LEARNING CENTER (*Center-Based, Out-of-Home*)

Name of Community/Learning Program: _____ Phone Number: _____

Address: _____ Website: _____

Contact Person: _____ Program Dates: _____

Cost of the Learning Center per week? \$ _____ How much of this option can you pay each week? \$ _____

Please consider that other families need this support and we want to serve as many families as possible.

DOCUMENTATION REQUIREMENTS:

Please include required documentation (employer letter on letterhead with employer ID # (stating if parent works in-home or out-of-home and hours) a copy of your W2, and the name, address and phone number of employer.

**Send Completed Applications to: Recreation Council, 11 Worthington Access Dr., Suite E
Maryland Heights, MO 63043 or email to:**

peggy@recreationcouncil.org (St. Louis County Residents) or

mdavis@recreationcouncil.org (St. Louis City Residents)

Recreation Council Use Only:

Approved? Yes No

Support Hours Approved for the Semester: _____ @ \$ _____/Hour OR Learning Center Cost Approved for the Semester: \$ _____

Approved by: (Print) _____ Signature _____ Date _____

NOTES: _____
