

Dear Friend,

Thank you for your interest in The Recreation Council's **ADVENTURE VOUCHER PROGRAM** for fiscal year **2010** (July 1, 2009 – June 30, 2010). The Council has been approved by the Productive Living Board for St. Louis County Citizens with Developmental Disabilities for this voucher program. The purpose of this voucher program is to provide St. Louis County residents, ages 18 and older, with developmental disabilities assistance in accessing Missouri-based adventure programs offering adventures in an approximate 250-mile radius of Greater St. Louis. The provider of the adventure experience must be an adventure provider.

This is a voucher program, which means The Recreation Council will reimburse the voucher amount *after* the participant has attended his/her adventure session. The voucher is available for reimbursement of the adventure fee up to \$720 per fiscal year. A participant may apply for vouchers to more than one adventure program, with the understanding that the maximum total amount they can be awarded in the fiscal year is \$720. Vouchers will only be approved for a specific adventure and the voucher is non-transferable. There is a participant co-payment required which is 10% of each adventure fee. In the event the co-pay is a financial hardship, the Recreation Council staff will review individual requests to waive this payment (again with the understanding that the maximum voucher amount that can be awarded in a fiscal year is \$720). The voucher does not cover costs/fees for registration deposits, transportation, medical examinations, etc.

To be eligible, the participant must live in St. Louis County, be 18 years of age or older, and have a developmental disability as defined by the Productive Living Board. These funds are not available for individuals who reside in state-operated facilities. Other eligibility criteria may apply. The Recreation Council hopes that the voucher program will enable participants with developmental disabilities access to a variety of Missouri-based adventure programs offering adventures, in an approximate 250-mile radius of Greater St. Louis, that are both specialized and inclusive. Individuals must apply and be approved through our office in order to be deemed eligible for the voucher programs! Funding for the voucher is limited and available on a first-come, first-serve basis. First-come status is only awarded to individuals with complete applications. **AN INCOMPLETE APPLICATION WILL BE RETURNED TO THE APPLICANT AND WILL NOT BE PROCESSED UNTIL IT IS COMPLETE.** Application for the voucher must be made prior to the participant attending the adventure program.

**TO APPLY:**

**\*\*\*PLEASE NOTE!\*\*\***

1. Fill out voucher application in full. **If any piece is missing, the application will be returned to the applicant. At that time, individuals will be given 10 business days to return paperwork. If paperwork is not returned, the application will NOT be considered for funding.** Application will not be processed until all pieces are completed.
2. Sign both sides of the application and the service agreement. Signature of guardian or participant of legal consent is required for all forms where a signature is requested. **These forms may not be altered.**
3. **\*\*\*The Verification Process\*\*\***

**For Participants Receiving St. Louis Regional Center Services**

Eligibility information must be obtained from the participant's St. Louis County Regional Center Case Manager. Enclosed in this application packet is the Release of Information that the Regional Center requires before they can verify your

eligibility for our voucher program. The participant, or his/her legal guardian must complete it and return it to their Regional Center Case Manager. If you have difficulty in completing this form you must contact the participant's Regional Center Case manager for assistance. **If you did not receive an eligibility verification form with this packet, you do not need to fill one out.**

**Participant's Not Receiving SLRC Services**

\*If the participant does not have a Regional Center Case Manager then the enclosed eligibility verification form must be submitted to the participant's Special School District teacher, Physician or Social Service Agency Representative that has access to the participant's diagnosis for verification of eligibility. Return this completed form with your packet or have the person verifying eligibility return it directly to the Recreation Council.

**Please note that no applications will be processed until we receive a completed eligibility verification form from one of the above listed sources. Once again, if you did not receive an eligibility verification form with this packet, you do not need to fill one out, as we have the applicant's verification on file.**

4. Mail your completed application on **Monday, May 22, 2009** or after. Any applications postmarked before **May 22** will be returned to the sender so that all individuals are given an equal chance to access the voucher program. **WE WILL NOT ACCEPT APPLICATIONS THAT ARE FAXED OR HAND DELIVERED.**

5. Please reference the Voucher Program Checklist to confirm that you have completed the application entirely before returning it to The Recreation Council. An incomplete application will not be processed.

6. Remember to register with the Adventure Program of your choice. This application process is only for a voucher- it does not register you for the adventure program. If you would like a listing of Adventure Program's, call The Recreation Council at (314) 726-6044.

After the participant has attended the adventure program of their choice they/ their family will be mailed a survey to fill out regarding their experience in accessing vouchers with The Recreation Council. The Productive Living Board requires that recipients of the vouchers fill this out in order to provide feedback to the agency about how they can better serve individuals accessing the vouchers and to determine need for the program in future years. We appreciate your cooperation in completing this survey. Without this information we are not able to report on our project; which may impact the availability of this voucher program in the future. The applicant may also receive a survey from the Productive Living board seeking input on the Recreation Council's job in administering this voucher program.

Adventure programs do fill quickly, therefore, the Recreation Council encourages participants to contact the adventure program of their choice and start their application process immediately. If you have any questions or concerns, or if we can assist you in finding an adventure which best meets your interests and/or support needs, please contact our office at (314) 726-6044.

If you are approved for a voucher you will receive a copy of your Client Rights. If you have a grievance in regards to this voucher program, please contact the Rec. Council's Executive Director, Susan Fleming 314-726-6044. The Recreation Council has a grievance policy and form that you may complete if your grievance has not been resolved to your satisfaction after speaking to Susan Fleming. This grievance form will be shared with the Council's Board of Directors and the Productive Living Board.

Sincerely,

The Recreation Council of Greater St. Louis Staff

# Adventure Voucher Program

APPLICATION FOR FUNDING—FY10~July 1, 2009 to June 30, 2010

**\*REMEMBER TO APPLY FOR THE ADVENTURE PROGRAM DIRECTLY WITH THE PROVIDER!\***

The Recreation Council of Greater St. Louis

## 1. PARTICIPANT INFORMATION:

Participant's Name: \_\_\_\_\_ Participant's Phone Number: \_\_\_\_\_

Participant's Address: \_\_\_\_\_  
Street City Zip Code

Participant's Social Security Number: \_\_\_-\_\_\_-\_\_\_\_ Participant's Date of Birth: \_\_/\_\_/\_\_\_\_ Participant's Gender: \_\_\_

Individual to contact regarding questions/ concerns: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

## 2. GUARDIAN INFORMATION:

Is participant their own guardian?  Yes  No

If not, please complete the following information:

Guardian Name: \_\_\_\_\_ Guardian's Phone Number: \_\_\_\_\_

Guardian Address: \_\_\_\_\_  
Street City Zip Code

To Whom Should the Notification of Voucher Status Be Sent? \_\_\_\_\_

## 3. ELIGIBILITY INFORMATION (Please check all that apply):

◆ Does the Participant live in St. Louis County?  Yes  No

◆ Current Residence Type:  Lives with Family/Guardian  Individualized Supported Living  Lives Independently  
 Homeless/Emergency Shelter  Specialized Facility  Nursing Home  
 Habilitation Center  Group Home  State Group Home  
 Foster Home: If foster home check:  Temporary  Long-Term (over 2 years)

Was foster home placement made by St. Louis County Courts?  Yes  No, explain \_\_\_\_\_

◆ Participant's Diagnosis:

Autism  Cerebral Palsy  Epilepsy  Learning Disability  Mental Retardation  Head Injury

Other\*\* (Must check one):  ADHD  Behavior Disorder  Developmental Delays  Spina Bifida

Other \_\_\_\_\_

\*\*If you checked other you must check the substantial functional limitations in 2 or more areas:

Capacity for Independent Living  Learning  Self Care  Mobility

Receptive & Expressive Language  Self Direction or Economic Self Sufficiency

◆ When did this person's disability manifest itself?  Prior to age 19  Prior to age 22

◆ Indicate level of support needed in program:  1 : 1  2 : 3  1 : 4  1 : 8  other

◆ Does participant have a case manager?

Yes, If yes, list name, phone number \_\_\_\_\_ DMH Case No# \_\_\_\_\_

No, If no, Who will verify eligibility? List name, relationship and phone number (Physician, Special School District) \_\_\_\_\_

I give the Recreation Council permission to verify eligibility by contacting the above listed and permission to correspond with the adventure provider to discuss funding issues.

\_\_\_\_\_  
Signature of Participant of Legal Consent or Legal Guardian

\_\_\_\_\_  
Date

APPLICATION CONTINUES ON OTHER SIDE

**4. ADVENTURE PROVIDER INFORMATION:**

Name of Adventure Program Provider: \_\_\_\_\_ Program Attending: \_\_\_\_\_

Program Director: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Adventure Session Dates: \_\_\_\_\_ # of nights \_\_\_\_\_ # of days \_\_\_\_\_

**5. VOUCHER AMOUNT REQUEST:**

A. Cost of one Adventure Session (Adventure fee only. Doesn't include transportation, physicals, etc):\$ \_\_\_\_\_

B. 10% of adventure fee: \$ \_\_\_\_\_

C. Amount of funding you are requesting:\$ \_\_\_\_\_ (A — B\*\*)

\*\*Maximum amount you can apply for is A (Cost of one Adventure Session) — B (10% of fee). The participant/family required co-pay is 10% of adventure session.

Would you be willing to provide transportation for another participant from your area? \_\_Yes \_\_No \_\_Maybe

**6. DOCUMENTATION OF NEED:**

I/We are applying for the Adventure Voucher Program for the following reason(s):

Financial assistance

Opportunity for participant to maintain or acquire independent living skills

Opportunity for participant to maintain or acquire new friendships

Opportunity for participant to maintain or acquire new social skills

Opportunity for participant to maintain or acquire new communication skills

Other: \_\_\_\_\_

7. I/We understand that falsification of any of the information provided in this application can and will be cause for immediate disqualification from this program and all of the Recreation Council's programs.

\_\_\_\_\_  
Signature of Participant of Legal Consent or Legal Guardian

\_\_\_\_\_  
Date

Please Mail This Form To: **The Recreation Council**  
200 South Hanley, Suite 100,  
St. Louis, MO 63105

**PLEASE NOTE !! Funding Is Based On A First-Come, First-Serve Basis!**

***Incomplete voucher applications will not be processed, nor considered for funding.***

***In order to attend an adventure program, participants MUST also apply directly to the adventure program provider. If participant is accepted for the Recreation Council's Voucher Program, this does not mean the participant is registered for the adventure program! The Recreation Council will not accept applications postmarked before the date of May 22, 2009.***

**No faxes or hand deliveries accepted!**

Recreation Council Use Only:

Verification: \_\_\_\_\_ Contact: \_\_\_\_\_ Date: \_\_\_\_\_

Recreation Council Staff Signature \_\_\_\_\_ Date: \_\_\_\_\_ Date Received: \_\_\_\_\_

Approved: Yes No Amount Approved: \$ \_\_\_\_\_ Participant's Co-Pay: \$ \_\_\_\_\_

## The Recreation Council of Greater St. Louis

### Adventure/Experiential Voucher Program FY10 Service Agreement

I/We have read and understand the intent, purpose and guidelines of the Recreation Council's Adventure/Experiential Voucher Program. As a participant(s) of this said voucher program, I/we agree with and will follow the program guidelines as presented by the Recreation Council. I/We understand that these voucher funds are to be utilized during the period of the current fiscal year only (July 1 of current year to June 30 of next year) to St. Louis County residents with developmental disabilities, ages 18 +, the ability to access vouchers to participate in at least one Missouri-based "program" per fiscal year, which offers the participant experiential learning and outdoor adventure opportunities. The Recreation Council is merely acting in the capacity of reimbursing the service provider (the adventure program provider) who is providing the experiential/adventure program. I/We understand that it is my/our responsibility to carefully screen, ask questions, get references, train and select the program which best fits my/the participant's support needs and interests.

To the fullest extent permitted by law, I/we shall indemnify and hold harmless the Recreation Council of Greater St. Louis and the Productive Living Board, and their Directors, Officers, consultants, agents, employees and volunteers from and against claims, damages, losses and expenses, including but not limited to attorney's 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 Service Providers (as mentioned above) regardless of whether or not such injury, claim, damage, loss or expense is caused in part or in whole by a party indemnified hereunder.

Furthermore, I/we understand and will adhere to the following:

- \* the voucher can only be used for Missouri-based adventure/experiential programs, offered within a 250 mile radius of St. Louis, which offer adventure/experiential type opportunities;
- \* the Recreation Council will reimburse the adventure program provider directly and based on a reimbursement rate not to exceed the pre-approved amount of the voucher (see approval letter for this amount). Should the participant exceed this voucher amount figure, payment for services will be the responsibility of the participant or guardian. The participant or his/her family/ legal guardian is responsible for the participant's 10% co-pay. The Recreation Council will not enter into disputes regarding the participant's co-pay with the provider/program;
- \* it is my/our responsibility to choose the provider/program which best fits my/the participant's needs. It is also my/our responsibility to screen, select and train, if necessary, the program provider;
- \* the voucher cannot be utilized for individual/family "vacations", or camp programs. The voucher can only be utilized for the dates and adventure program indicated on the voucher;
- \* the voucher cannot be utilized for adventure programs which are not strongly associated with an outdoor adventure opportunity in which the sole purpose is to provide outdoor experiential learning/skill development;
- \*participant/ family/ guardian must apply directly to the adventure provider for admission to the adventure program. Voucher approval does not constitute admission into an adventure program.
- \*participant/family will receive a copy of Client Rights with approved Voucher.
- \*participant has been notified of grievance procedure.

\_\_\_\_\_  
Signature of Parent/Guardian or Participant of Legal Consent

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Participant's Name

## Adventure Voucher Program Checklist

Before you return your application, be certain to include the following completed forms:

**Adventure Voucher Program Application**

(Completed on both sides with signatures of participant of legal consent, parent, or legal guardian where needed)

**Service Agreement on reverse of this form (signed by participant of legal consent, parent, or legal guardian) The Service Agreement may not be altered.**

**\*\*\* Process for the Verification of Eligibility Form\*\*\* Read the application letter carefully to make sure you follow the process.**

*Please note a family member or the person applying cannot complete this form.*

**Please check one:**

**My Regional Center Case Manager will be sending a verification letter.**

**I am enclosing the verification letter that my Regional Center Case Manager completed.**

**I do not have a Regional Center Case Manager and my verification eligibility form has been completed by \_\_\_\_\_.**

*\*\*\* If the participant received a voucher from the Recreation Council during the period of July 1, 2003-June 30, 2009, the eligibility verification form does not need to be completed!\*\*\* If you did not receive a verification form with this letter, it is not necessary to fill a verification of eligibility form out as we have one on file.*

**Applications that are incomplete (including missing forms, dates of specific adventures or legal signatures on application/ service agreement) will be returned to the applicant and will not be processed, nor considered, until returned with complete information.**

Applications are to be mailed to:

**The Recreation Council  
200 South Hanley, Suite 100  
St. Louis, Missouri 63105**

**We will not accept applications  
by fax or hand delivery**

**If you have any questions, please call The Recreation Council at (314) 726-6044**

The Recreation Council will not accept applications postmarked before the date of May 22, 2009. We will not accept applications by fax or by hand delivery. They must be mailed so that we have the original forms and signatures on file. Thank you for your cooperation with this!



**The Recreation Council of Greater St. Louis**  
**VOUCHER PROGRAM ELIGIBILITY VERIFICATION FORM**

This mandatory form may be completed by a St. Louis Regional Center Case Manager, a physician, or a Special School District Teacher. (If a teacher signs this form you must include a copy of the page from the IEP that includes diagnosis.)

**Customer's Name:** \_\_\_\_\_ **Customer's Date of Birth:** \_\_\_\_\_

**1) Does this individual live in St. Louis County?** \_\_\_ YES \_\_\_ NO

**2) Has the St Louis Regional Center determined this customer has a developmental disability?** \_\_\_ Yes \_\_\_ No

**Please check the Customer's Diagnosis:** \_\_\_ Autism \_\_\_ Learning Disability \_\_\_ Cerebral Palsy  
\_\_\_ Mental Retardation \_\_\_ Epilepsy \_\_\_ Head Injury  
\_\_\_ Other\*\* (Must check one):  
\_\_\_ ADHD \_\_\_ Developmental Delays  
\_\_\_ Behavior Disorder \_\_\_ Spina Bifida  
\_\_\_ Other\*\* \_\_\_\_\_

\*\*If you checked Other\*\* you must also check the substantial functional limitations in 2 or more of the following areas:

\_\_\_ Capacity for Independent Living \_\_\_ Learning  
\_\_\_ Self Care \_\_\_ Mobility  
\_\_\_ Receptive & Expressive Language  
\_\_\_ Self Direction or Economic Self Sufficiency

**When did this customer's disability manifest itself?** \_\_\_ Prior to age 19 \_\_\_ Prior to age 22

**3) It is my professional opinion that the above named customer requires the following supervision/care (due to personal care assistance needs and/or due to positive behavior support needs) while in programming:** .

\_\_\_ 1 staff to 1 customer \_\_\_ 2 staff to 3 customers \_\_\_ 1 staff to 4 customers \_\_\_ 1 staff to 8 customers \_\_\_ Other:

**4) Current Residence Type:**

\_\_\_ Lives with Family/Guardian \_\_\_ Individualized Supported Living \_\_\_ Lives Independently  
\_\_\_ Homeless/Emergency Shelter \_\_\_ Specialized Facility \_\_\_ Nursing Home \_\_\_ Group Home  
\_\_\_ Habilitation Center \_\_\_ State Group Home  
\_\_\_ Foster Home\*\*: If foster home check: \_\_\_ Temporary \_\_\_ Long-Term (over 2 years)

\*\*Was foster home placement made by St, Louis County Courts? \_\_\_ Yes \_\_\_ No, explain \_\_\_\_\_

**5) Is the above date of birth correct?** \_\_\_ Yes \_\_\_ No If no, date of birth: \_\_\_\_\_

**6) Customer's Social Security Number** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**7) Customer's gender:** \_\_\_ Male \_\_\_ Female **8.) DMH Case Number** \_\_\_\_\_

**9) Are you aware of other funding that might assist this customer in obtaining funding for recreation programming?**

\_\_\_ Yes \_\_\_ No If yes, please list funding: \_\_\_\_\_

**To the best of my knowledge the information I am disclosing is true.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Agency:** \_\_\_\_\_

**Title:** \_\_\_\_\_ **Phone Number:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
Street City State Zip Code

Thank you in advance for your time in completing this form, your assistance is greatly appreciated! If you have any questions, please feel free to contact Margaret Tucker, the County Coordinator for the Recreation Council, at (314) 726-6044. This form may be faxed back by the verifier to The Recreation Council at (314) 726-3454 or mailed to:

**The Recreation Council ~200 South Hanley, Suite 100~ St. Louis, Missouri 63105**