

Dear Friend,

Thank you for your interest in The Recreation Council's **AFTER SCHOOL/ EXTENDED DAY FAMILY VOUCHER PROGRAM** for school year 2009 - 2010. The Council is pleased to inform you that we have once again received funding from the Productive Living Board for St. Louis County Citizens with Developmental Disabilities to administer the After School/ Extended Day Family Voucher Program. **Please retain this letter with your records as an explanation of the After School/ Extended Day Family Voucher Program.** Please read this letter carefully in determining if this program will meet your son/daughter's after school care needs.

These funds are available to St. Louis County Residents with developmental disabilities, ages 13 - 21, whose parents are working during the hours of 3pm - 6pm, who need to access either an after/school care program or a provider to either come into their home or take them out into the community to attend either after-school activities or programs in the community. Parents of the participants in this voucher program must be employed during the hours of 3pm - 6pm and provide the Recreation Council with documentation of employment. The participant must also live in their natural home. **These funds are only to be utilized during the period of August 15, 2009 through June 15, 2010** for after school care services between the hours of 3pm - 6pm, not to exceed 174 school days. Individuals may apply for a maximum of **522** service hours, at a reimbursement rate paid to the support provider of \$3.75 per service hour*. The family is responsible for any costs over the \$3.75 the Council pays on each hour (your co-pay). The Recreation Council will pay for full day after school care services during school breaks, snow days and/or in-service days. Each family will have to budget their approved hours (maximum 522) to include these days. The Recreation Council will not pay for services before August 15, 2009 or after June 15, 2010; before school care; summer school, during summer break, weekends, **holidays**; or other days not considered a "school day". Although the voucher program begins after August 15, you should start your provider on the day that school actually begins. The availability of this program is based on a first-come, first-serve basis. This is a voucher program, which means **The Recreation Council will reimburse the support provider *after* the support has been provided.** For invoicing purposes, The Recreation Council will provide the family/participant with vouchers. The family/participant will then give the support provider(s) a blank payment voucher for invoicing the Recreation Council on a monthly basis. (Please note that invoices over **30** days old may not be approved for payment.) Participants of this program will be required to sign-off on the voucher in order to verify usage of the support provider's services. The Recreation Council will continue to track all service usage and keep participants informed of such.

Furthermore, the intent of this voucher program allows for participants (families) choice in the after school support provider which he/she/they feel is the best qualified to provide the care. It is the responsibility of the family/individual with a developmental disability to secure the support provider. The support provider cannot be a relative that resides in the participant's home and must be at least 16 years of age. The Recreation Council merely serves as the payee of these funds, not for the provision of the actual screening, selection, or training of the support provider, nor will the Recreation Council be responsible for the actions of the support provider. For the welfare and safety of the participant, the Recreation Council strongly encourages participants to obtain a provider background screening check. To do this, contact the Missouri Department of Health, Family Care Safety Registry.

To request a form call (573) 526-1974 or write to them at:

Missouri Department of Health, Fee Receipts Unit, P. O. Box 570, Jefferson City, MO 65102

If you choose to do this you are invited to send proof that a completed background check was obtained (i.e.- cancelled check, receipt) to The Recreation Council and we will reimburse you the \$10 fee that you paid to do the background check.

Also, make sure to inform your support provider that if The Recreation Council reimburses them more than \$600 through this voucher program in a calendar year (January - December), they will be issued a 1099 form for their tax purposes.

TO APPLY:

*****THE PROCESS!*****

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 signatures. **The Service Agreement may not be altered in any way.**

3.

*****THE VERIFICATION PROCESS*****

For Participant's 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. Once the parent/guardian returns it, the Regional Center Case Manager will send The Recreation Council a letter verifying the participants eligibility for our voucher program. The Regional Center Case Managers now have their own eligibility form that they will mail us once you authorize them to do so; therefore, you *do not* enclose the Eligibility Verification form that is in this packet. (That form is now only for people who do not have Regional Center Case Managers.) If you have difficulty in completing this form you must contact the participant's Regional Center Case manager for assistance.

For Participant's NOT Receiving SLRC Services

*If the participant does not have a Regional Center Case Manager then the enclosed verification eligibility 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. If you did not receive an eligibility verification form with this packet, you do not need to fill one out, (we already have an eligibility form on file).

****Please note:** You must indicate how many hours you intend to use in each fiscal quarter. You must submit your invoices on a monthly basis. At the end of each quarter (July - Sept, Oct - Dec, Jan - March and April - June) the Council staff will review how many of the allocated hours for that quarter were utilized. **ANY HOURS NOT UTILIZED AND SUBMITTED BY THE 5TH OF THE MONTH FOLLOWING THE END OF THAT QUARTER WILL BE RELEASED TO OTHER APPLICANTS/ PARTICIPANTS.** Please take the time to determine how many hours you will need each quarter taking into account any hours beyond the 3 hours a day that you might need for full day (8am-6pm) school breaks, sick or snow days or teacher conference days.

Example: Bob has 70 hours allocated for the first fiscal quarter (July - Sept). He uses and submits an invoice for 68 hours on October 4th (3 hours a day plus 4 extra hours on school/snow day while he was working. His provider will be paid for the 68 hours and the other 2 hours will be returned to the general pool and reallocated to other applicants. Bob will no longer have those 2 hours that he didn't utilize, to use for the next quarter.

A survey regarding your experience in accessing vouchers with The Recreation Council will be mailed out halfway through the year and again at the end of the year. 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. If you have any questions or concerns please contact us at (314) 726-6044. In addition, you may also receive a survey from the Productive Living Board. Please offer feedback as to how the Recreation Council does at administering this voucher program.

If you are approved for the 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.

The Recreation Council will not accept applications postmarked **before the date of May 22, 2009**. We will not accept applications by fax or hand delivery.

Sincerely,

The Recreation Council of Greater St. Louis Staff

*** A Service hour is defined as one hour of face-to-face after school care support by the provider to the participant.**

After School/ Extended Day Family Voucher Program

APPLICATION FOR FUNDING
FY10 Application for '09-'10 School Year

The Recreation Council of Greater St. Louis

1. PARTICIPANT INFORMATION:

Student's Name: _____ Student's Phone Number: _____

Student's Address: _____
Street City Zip Code

Student's Social Security Number: ___-___-____ Student's Date of Birth: __/__/____ Student's Gender: ___

Individual to contact regarding questions/ concerns: _____ Relationship: _____ Phone #: _____
email address: _____

2. GUARDIAN / PARENT INFORMATION:

Does the student have a guardian separate from their birth parents/ parents they are currently living with? __Yes __No

If yes, please complete the following information:

Guardian Name: _____ Guardian's Phone Number: _____

Guardian Address: _____
Street City Zip Code

Are the parent(s) currently employed? __Yes __No

If yes, please complete the following information:

Mother's employer _____ Employer Phone Number _____
Hours of work: from _____ to _____ Supervisor's Name _____

Father's employer _____ Employer Phone Number _____
Hours of work: from _____ to _____ Supervisor's Name _____

I understand that I must be working during the hours that my support provider is invoicing the Recreation Council for this voucher program. I further understand that falsification of my employment information or failure to notify the Recreation Council of changes in my employment status or hours can and will disqualify my family from this program and its funding.

Signature _____ Date _____

3. VOUCHER REQUEST INFORMATION:

Indicate below the type(s) of after school care options your family will utilize to meet your son/daughter's needs:

- In-home after school care
 Will hire a care/service provider to attend after-school activities or community resources with my child to address his/her support needs
 Will enroll my child in an organized after school program. Name of program _____
Is the program accredited or licensed? _____ -

Number of hours requested (not to exceed 522 hours per school year- Aug. 15—June 15):.

Please indicate when you intend to use the hours. At the end of each quarter, unused hours will be cancelled and assigned to other applicants:

____ 1st Quarter _____ 2nd Quarter _____ 3rd Quarter _____ 4th Quarter
(Aug & Sept) (Oct, Nov, Dec) (Jan, Feb, March) (Apr, May, June)

Do you receive funds from other sources which would address your after-school care needs? _____

4. ELIGIBILITY INFORMATION:

- ◆ Does student 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.

Signature of Student of Legal Consent or Legal Guardian _____ Date _____

APPLICATION CONTINUES ON OTHER SIDE

4. ELIGIBILITY INFORMATION CONTINUED (Please check all that apply):

- ◆ Does the student 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 _____

- ◆ Student'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

5. DOCUMENTATION OF NEED:

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

- Financial assistance
 Opportunity for participant to acquire or maintain residential living skills
 Opportunity for participant to acquire or maintain relationships
 Opportunity for participant to acquire or maintain social skills
 Opportunity for participant to acquire or maintain communication skills
 Other: _____

6. 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 its funding.

Signature of Student or Legal Consent or Legal Guardian

Date

Please Mail This Form To:

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

**No Faxes
Hand Deliveries
Accepted**

**PLEASE NOTE !! Funding Is Based On A First-Come, First-Serve Basis!
The Recreation Council will not accept applications postmarked before the date of May 22, 2009.**

Recreation Council Use Only:

Verification: _____ Contact: _____ Date: _____

Recreation Council Staff Signature _____ Date: _____ Date Received: _____

Approved: Yes No 1st Quarter 2nd Quarter 3rd Quarter 4th Quarter

After School/Extended Day Family Voucher Program FY 10 Service Agreement

I/We have read the application packet and understand the intent, purpose and guidelines of the Recreation Council's After School/Extended Day Family 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 August 15, 2009 - June 15, 2010 for the purpose of after school care for my child, who is a St. Louis County resident, is between the ages of 13 - 21, and has a developmental disability and is a current student. The Recreation Council is merely acting in the capacity of reimbursing the service provider (program or individual(s) who is providing after school care for my child. I/We understand that it is my/our responsibility to identify, screen, select, and train the provider/program that I/we have chosen. I understand that this voucher program is for families that the parents are working between the hours of 3pm - 6pm on the school days that my service provider is invoicing the Recreation Council for service hours.

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:

- * These funds can only be used during the period of 8/15/09 - 6/15/10 (a maximum of 174 school days) and only for the number of service hours allocated to me. This does not include weekends, legal holidays, summer activities, etc., but can include school breaks, in-service days (after school has started for the year), and on inclement weather days when school is cancelled.
- * The Recreation Council will reimburse the after school care provider (program or individual) directly based on a reimbursement rate of \$3.75 per hour up to three (3) hours per day (funds not to exceed \$1,958 per FY'10). After school care services exceeding the \$3.75 per hour rate is the responsibility of the family or guardian. The Recreation Council will not enter into disputes regarding the family's co-pay with the provider/program.
- * It is my/our responsibility to choose the provider/program which best fits the needs of my/our child. It is also my/our responsibility to identify, screen, select and train the provider of my child's after school care or the after school program staff. The provider must be at least 16 years of age and cannot be someone who resides in the family's home.
- * As a parent of the participant in the program; I and my spouse (if applicable) are both employed during the hours of 3pm - 6pm/ the hours which my support provider is invoicing the Recreation Council. I understand that the Recreation Council staff will **periodically contact** my employer to verify my employment. If my/ my spouse's hours change, that I/ we are not working during the period of 3pm - 6pm, I will notify the Recreation Council immediately. I understand that failing to notify the Council of this change can and will be cause for immediate *disqualification* from this program and its funding.
- *If it is determined that voucher funds were paid out to a provider under false reporting, the participant (family) will be responsible for repayment of the funds to The Recreation Council, legal action will be sought, and the participant (family) will be immediately disqualified from this voucher program and all voucher programs administered by The Recreation Council.*
- *The Service Agreement may not be altered in any way.*
- * A Service hour is defined as one hour of face-to-face after school care support by the provider to the participant.*
- *I have been notified of the Recreation Council's Grievance procedure.*
- *If Approved for the voucher, I will receive a copy of client rights.*

Signature of Parent/Guardian *or* Participant of Legal Consent

Date

Print Participant's Name

After School/ Extended Day Family Voucher Program Checklist

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

___ **After School/ Extended Day Family Voucher Program Application**
(completed on both sides with signatures of participant of legal consent, parent, or legal guardian where needed, and Parents work hours)

___ **Service Agreement** *On reverse side of this checklist*
(signed by participant of legal consent, parent, or legal guardian)

___ **Verification of Eligibility Form***** (signed by a St. Louis Regional Case Manager, physician, or School Administrator/Teacher)
The verification of eligibility form may be returned by either the applicant or the individual completing it. However, the Recreation Council will not process the application until the form is received!

**** 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 an eligibility verification form with this application you do not need to fill out an eligibility verification form as we have it on file****

___ ***Verification of Employment*** of both parents if living in the home. 2 items required, a letter from your employer on letterhead with business tax id number stating your hours of employment and a copy of last year's W-2 Form for each parent living in the home.

Applications that are incomplete (including missing forms, including place of employment & work hours for both parents and legal signatures on application/ service agreement) will be returned to the applicant!

Applications are to be mailed to:

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

If you have any questions, please call Margaret, the Recreation Council's Voucher Coordinator, 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 hand delivery. They must be mailed so that we have the original forms and signatures on file. Thank you for your cooperation with this! We appreciate it!

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



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