

Dear Friend,

The Recreation Council of Greater St. Louis is pleased to inform you that The Productive Living Board for St. Louis County Citizens with Developmental Disabilities has granted us funding for FY10 (July 1, 2009 - June 30, 2010) for the Residential Camp Voucher Program. The purpose of this voucher program is to provide St. Louis County residents with developmental disabilities assistance in accessing any Missouri residential camp programs of their choice, which best meet their interests and support needs.

This is a voucher program, which means The Recreation Council will reimburse the camp program fee *after* the camper has attended his/her camp session. There is a participant co-payment required which is the camp's deposit. If the camp chosen does not require a deposit then the co-pay will be 10% of the camp fee. In the event the co-pay is a financial hardship, the Recreation Council staff will review individual requests to waive this payment (call for Waiver Request Guidelines). **Camp deposits (co-pay) must be submitted directly to the camp with your camp application! An approval for the voucher funding DOES NOT mean you are registered with the camp . . . you MUST apply and register directly with the camp program for the camper's camp session!!!**

The two voucher funding options families may select from are:

1. Reimbursement of the camp fee up to \$550. per fiscal year, per summer for a maximum of one seven day session. Some exceptions to the \$550. maximum are made for camps which provide high levels of support to campers with high support needs. The maximum the Recreation Council will assist for these specialized camps is \$825. ***Campers will be required to produce verification of high support needs if requesting a higher amount of funds (beyond the \$550.00) for one- to- one assistance***
2. Utilization of the voucher funds to hire someone to attend the camp program to provide for the camper's support needs if the camp does not offer such assistance. Examples of this include personal care or assistance with challenging behaviors. This support option is limited to 7 days @ 14 hours/day @ \$5.50/hour. If you are applying for this option The Recreation Council strongly recommends, for the safety of the camper, that you do a criminal background check on the support staff you employ. 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

or website: www.dhss.mogov/fcsr

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 check.

When choosing the support staff voucher option, make certain to contact the camp well before the session begins to let them know that you are sending a support staff member with the camper.

The voucher does not cover costs/fees for registration deposits, transportation, medical examinations, etc. **You may use the voucher funding only one time per summer, per Fiscal Year (July 1- June 30).**

To be eligible for this voucher program, the camper **must** live in St. Louis County 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

campers with developmental disabilities access to a variety of Missouri camps, both specialized and inclusive. Individuals must apply and be approved through our office in order to be deemed eligible for the voucher programs! **Vouchers are limited and available on a first-come, first-serve basis. Application for the Voucher must be made prior to the camper attending the camp program.**

TO APPLY:

1. Complete the voucher application in its entirety. If any piece is missing, the application will be returned to the applicant. Application will not be processed until all pieces are completed.
2. Sign both the application and the service agreement. If applicable, signature of guardian of legal consent is required.
3. Submit verification form to case manager, Special School District teacher, and physician or social service agency for verification of eligibility. If you have a St. Louis Regional Case Manager, the verification **MUST** come from this source. Return this completed form with your packet or have the verifying source return it directly to the Recreation Council. Please note that applications will not be processed until we receive this completed form. If you received a voucher last summer, and we have your verification of eligibility form on file, you are NOT required to complete this form again this fiscal year.
4. The Recreation Council will accept applications postmarked on or after March 2, 2009. Any applications received before March 2nd **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 BY FAX or HAND DELIVERY.** Please reference the Voucher Program Checklist to confirm that you have completed the application entirely before returning it to The Recreation Council. A complete application will speed up the process of reviewing the application, and may effect your chances to receive voucher funding.

The Voucher funding for Residential camps are limited and are granted to individuals quickly. Please act fast to increase your chances of to get a voucher. After the camper has attended the camp program of their choice, they/ their family will be mailed a survey to complete 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. *In addition, The Recreation Council has available upon request a copy of our Client Rights and our Grievance Procedure, should you feel you were treated unfairly in the voucher process.*

Summer camp programs do fill quickly, therefore, the Recreation Council encourages campers to contact the camp of your choice and start that process immediately. If you have any questions or concerns or, if we can assist you in finding a camp which best meets your interests and/or support needs, please contact me at (314) 726-6044 voice/TTY.

Sincerely,

Margaret M. Tucker
St. Louis County Voucher Coordinator

P.S. Be sure to apply/register directly with the camp of your choice and send your camp deposit to them. **Approval from The Recreation Council for a camp voucher does not enroll you in the camp program. The completed Voucher Application, the service agreement and eligibility of verification form (if applicable) should be returned to the Recreation Council.**

Summer Residential Camp Voucher Program

APPLICATION FOR VOUCHER FUNDING

FY09~July 1, 2009- June 30, 2010

1. CAMPER INFORMATION:

Camper's Name: _____ Camper's Phone Number: _____

Camper's Address: _____
Street City Zip Code

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

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

2. GUARDIAN INFORMATION:

Is camper their own guardian? Yes No (Camper is at least 18 years old, and does not have a court appointed guardian)

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 Camper 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 Operated 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 _____

◆ Camper 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

◆ Does camper have a St. Louis Regional Center Service Coordinator?

Yes, If yes, list name, phone number _____ If yes, case # _____
 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 camper's eligibility by contacting the above listed and permission to correspond with the camp provider and funding partner (PLB) regarding funding issues.

Signature of Camper or Legal Consent or Legal Guardian _____

Date _____

4. FUNDING SELECTION: Indicate below the type of assistance camper needs in order to attend camp:

_____ Camp Fee Voucher - COMPLETE SECTION A

_____ Support Staff Voucher - COMPLETE SECTIONS A & B

Hire and reimburse an attendant to manage behavior, provide personal care assistance, etc.
Limited to 7 days @ 14 hours/day @ \$5.50/hr.

Please list camper's support needs: _____

Application Continues on Reverse Side

SECTION A: CAMP PROGRAM INFORMATION:

Name of Camp: _____ Program Attending: _____ Camp Director: _____

Address: _____ Phone Number: _____

Camp Session Dates: _____ # of nights: _____ # of days: _____

Is this an ACA (American Camping Association) accredited camp? ___ Yes ___ No

A. Cost of one Camp Session (Camp fee only. Does not include transportation, physicals, etc.): \$ _____

B. Deposit required by camp: \$ _____

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

**Maximum amount you can apply for is A (Cost of one Camp Session) — B (Cost of Deposit). The camper/family required co-pay is now equal to the deposit required by camp or 10% of camp session if a deposit is not required.

D. Staff to Camper Ratio Needed: 1 staff to 8 campers 1 staff to 4 campers 2 staff to 3 campers
 1 staff to 1 camper

Would you be willing to provide transportation for another camper from your area? ___ Yes ___ No ___ Maybe

SECTION B: SUPPORT STAFF INFORMATION:

The Recreation Council strongly recommends; for the safety of the camper, that families/ individuals complete a Criminal Background Check for the support staff that you employ. You will need to ask the staff you employ to request this check. For the Missouri Department of Health Family Care and Safety Registry Background Check form call: (573)526-1974. Or write to request a form at: Missouri Department of Health, Fee Receipts Unit, P.O. Box 570, Jefferson City, MO 65102 Or access website: www.dhss.mo.gov/fcsr

The Recreation Council will reimburse the \$10 fee for the check upon receipt of proof of the completed check.

Support Staff's Name: _____ Phone: _____

Support Staff's Address: _____ City: _____ State: ___ Zip Code _____

5. DOCUMENTATION OF NEED:

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

- Financial Assistance
- Opportunity to Enhance or Acquire New Leisure Skills
- Opportunity for Camper to Enhance or Develop New Friendships
- Opportunity for Camper to Enhance or Develop New Residential Living Skills
- Opportunity for Camper to Enhance or Develop New Social Skills

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 Camper of Legal Consent or Legal Guardian

Date

Please Mail This Form To:

The Recreation Council
200 South Hanley, Suite 100,

We will not accept faxes or hand deliveries

St. Louis, MO 63105

PLEASE NOTE !! Funding Is Based On A First-Come, First-Serve Basis! Campers will be funded only one time per summer, per fiscal year! In order to attend a camp program, campers MUST also register directly with the camp.

Recreation Council Use Only:

Verification: _____ Contact: _____ Date: _____

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

Approved: ___ Yes ___ No Amount Approved: \$ _____ Camper Deposit/ Co-Pay: \$ _____

**The Recreation Council of Greater St. Louis
Residential Camp Voucher Program
FY' 10 Service Agreement**

I/We have read and understand the intent, purpose and guidelines of the Recreation Council's *Residential Camp 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 for the purpose of a residential camp program for me/my son/ daughter who is a St. Louis County resident and has a developmental disability. The Recreation Council is merely acting in the capacity of reimbursing the camp provider of my choice who is providing a summer camp program for me/my son/ daughter. I/We understand that it is my/our responsibility to identify, screen, select the camp program and work with the provider/program that I/we have chosen to meet my/my son/ daughter support needs.

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 Camp Providers 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 allows me to choose a program, or a support person, which is most appropriate for me/my son/ daughter;
- *application to the camp voucher program must be made by the camper or parent(s)/ legal guardian
- *camper/ family/guardian must apply directly to the camp for admission to the camp program. Voucher approval does not constitute admission into a camp program;
- *the voucher can only be utilized for the dates and camp program indicated on the voucher;
- *the camper or his/her family/ legal guardian is responsible for the camp deposit as their co-pay; unless the camp does not require a deposit. If this is the case the camper's co-pay will be 10% of the camp cost;
- *it is my/our responsibility to choose the camp program which best fits my/ my son/ daughter's needs. If applicable, it is also my/our responsibility to identify, screen, select and train the support provider to best meet my/my son's/ daughter's support needs while involved in the camp program. I understand that the Recreation Council strongly recommends; for the safety of me/ my son/ daughter, that I have a Criminal Background Check completed on the support provider that I employ. And that the form may be obtained by contacting: The Missouri Department of Health, Fee Receipts Unit, P. O. Box 570, Jefferson City, MO 65102 or by calling (573) 526-1974. Or access website: www.dhss.mo.gov/fcsr
- *I authorize the Recreation Council staff and give them permission to correspond with the camp and the Council's funding source, Productive Living Board for St. Louis County Citizens with Developmental Disabilities and the St. Louis Regional Center, or the individual listed as eligibility verification agent, regarding the campers funding matters and issues, for the period of 7/1/08-6/30/09.

Signature of Parent or Legal Guardian
Or Camper of Legal Consent

Date

Please Print Camper's Name

Summer Residential Camp Voucher Program Checklist

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

- ___ **Camp Voucher Program Application**
(completed bold areas on both sides with signatures of camper or legal consent, parent, or legal guardian where needed)

- ___ **Service Agreement** (signed by camper or legal consent, parent, or legal guardian) see back of this form

- ___ **Verification of Eligibility Form** (signed by a St. Louis Regional Case Manager, a physician, or School Administrator/Teacher)
This completed form may be returned by either the applicant or the Verifying source completing it. However, the Recreation Council will not process the application until the form is received! With this application we have included a release form for the St. Louis Regional Center, send release form and eligibility of verification form to your case manager. If you do not have a case manager please have a physician or school administrator/teacher fill out the eligibility form (please include the page of the IEP with diagnosis clearly stated).

Applications that are incomplete (including missing forms), or postmarked before March 2, 2009, will be returned to the applicant!

Applications should 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 March 2, 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 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