



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