

Dear Friend,

Thank you for your interest in The Recreation Council's **RECREATION SUPPORTS VOUCHER PROGRAM** for fiscal year 2010 (July 1, 2009 – June 30, 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 Recreation Supports Voucher Program. **Please retain this letter with your records as an explanation of the Recreation Supports Voucher Program.** Please read this letter carefully in determining if this voucher program will meet your/ your family member's personal care assistance needs when participating in an on-going, organized community recreation program.

These funds are available to St. Louis County residents with developmental disabilities, of all ages, who reside in their natural homes (other applicants will be reviewed on an individual basis), who also have personal care needs and wish to participate in organized and on-going community based recreation programs. Usage of this voucher program would include accessing recreation/leisure programs which are not mandated by the Americans with Disabilities Act (ADA) to provide personal care assistance to participants; or programs not receiving funding from other sources to provide personal care assistance to their participants. It is the intent of the voucher program that individuals, regardless of their developmental disabilities, can equally access and participate in community-based recreation programs. (Such as those offered at local Parks and Recreation Departments, YMCA, YWCA, Boy/Girl Scouts, etc.)

Personal care assistance is defined in this project as need of assistance in one or more of the following areas: a) dressing; b) toileting; c) grooming; and d) feeding, furthermore, as defined in the ADA. This service would not include assistance with mobility (i.e. pushing wheelchairs), or support for individuals with challenging behaviors, and such, unless the recreation provider and the family can demonstrate that the individual needs a specialized provider which without this assistance the participant could not access a community-based recreation program. This option and others will be reviewed on an individual basis.

These funds are only to be utilized during the period of July 1, 2009 through June 30, 2010 for support services which will lend to the access and successful participation in community recreation programs. Individuals may apply for a maximum of eighty (80) service hours, at a reimbursement rate to the support provider of \$6.00 per service hour. The availability of this program is based on a first-come, first-serve basis. Funding for the voucher is limited and available on a first-come, first-serve basis. **First-come status is only awarded to applicants with complete applications. INCOMPLETE APPLICATIONS WILL BE RETURNED TO APPLICANT AND WILL NOT BE PROCESSED UNTIL THEY ARE COMPLETE.**

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 complete.

2. Sign both sides of the application and the service agreement. Signature of guardian or participant of legal consent is required for all signatures. **These forms 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 they return it the Regional Center Case Manager will send The Recreation Council a letter verifying their 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.

****Please note a change in the service hour allocation process.** You must indicate how many service 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 SERVICE HOURS NOT UTILIZED AND SUBMITTED BY THE 5TH OF THE MONTH FOLLOWING THE END OF THAT QUARTER WILL BE RELEASED TO OTHER APPLICANTS/ PARTICIPANTS.

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. 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.

This is a voucher program, which means The Recreation Council will reimburse the recreation 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. 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 choice in the recreation support provider which he/she feels is the best qualified to provide the necessary assistance for full participation in a community-based recreation program. It is the responsibility of the family/individual with a developmental disability to secure the support provider. The support provider should be at least 16 years of age and may be an individual of choice as long as he/she does not reside in the participant's home. 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 check.

After the participant has attended the recreation program of their choice they/their family will be mailed two surveys to fill out regarding their experience in accessing vouchers with The Recreation Council. The Productive Living Board requires that

recipients of the vouchers fill these 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 these surveys. 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 me at (314) 726-6044. In addition, the Productive Living Board may send you a survey seeking your feedback at to how the Recreation Council is doing with the administration of this voucher program.

If you are approved for the voucher you will be sent 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 support by provider to participant in order to participate successfully in community recreation program.**

Recreation Supports Voucher Program

APPLICATION FOR FUNDING
FY10 Application~~Funding for July 1, 2009 to June 30, 2010

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 #: _____

Email address: _____

2. GUARDIAN INFORMATION:

Is participant their own guardian? Yes No (participant 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 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

- ◆ 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.

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

APPLICATION CONTINUES ON OTHER SIDE

4. RECREATION PROGRAM INFORMATION. *You may request up to 80 hours for the fiscal year. Please indicate when and where you intend to use the hours. At the end of each quarter, unused hours will be cancelled and assigned to other applicants:*

PROGRAM 1:

Name of Recreation Program Provider: _____ Program Attending: _____

Program Director: _____ Phone: _____

Address: _____

Dates of Program _____

PROGRAM 2:

Name of Recreation Program Provider: _____ Program Attending: _____

Program Director: _____ Phone: _____

Address: _____

Dates of Program _____

Total hours Requested (80 hours max): _____ 1st Quarter (July 1-Sept. 30) _____ 2nd Quarter (Oct 1-Dec 31)
 _____ 3rd Quarter (Jan 1-March 31) _____ 4th Quarter (April 1-June 30)

5. DOCUMENTATION OF NEED:

I/We are applying for the Recreation Supports 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 recreation/leisure skills
- Opportunity to become more involved & a participating member of participant's community
- 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 Participant of Legal Consent or Legal Guardian

 Date

**No Faxes
 or Hand Deliveries
 Accepted**

100

Please Mail This Form To:

**The Recreation Council
 200 South Hanley, Suite**

St. Louis, MO 63105

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

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

The Recreation Council of Greater St. Louis

RECREATION SUPPORTS VOUCHER PROGRAM

Service Agreement Form

FY10 ~ July 1, 2009 to June 30, 2010

I/We have read and understand the information, requirements and stipulations regarding the Recreation Supports Voucher Program as set forth by the Recreation Council of Greater St. Louis. As a participant and recipient of this voucher program, I/we agree with and will follow the program guidelines as presented in the application packet. I/we understand that the vouchers and its funds to provide support hours are to be utilized during the period of July 1, 2009 – June 30, 2010, and that the Recreation Council is merely acting in the capacity of administering this voucher program and its funds. A Service Hour is defined as one hour of face-to-face support by provider to participant in order to participate successfully in community recreation program. The Service Agreement may not be altered in any way. I have been notified of the Recreation Council's Grievance procedure. If Approved for the voucher, I will receive a copy of client rights.

The service cost provided by the support provider beyond the \$6.00 per service hour, and/or in excess of the hours allocated to the participant for this program, and/or before July 1, 2009 or after June 30, 2010, is my/our financial responsibility.

Furthermore, I understand that the Recreation Council is not responsible for identifying, selecting, screening, or training the support provider(s), which is my/our responsibility. I/we have been informed and encouraged by the Recreation Council to obtain a service provider background screening report. The Recreation Council is not liable for any action of the support provider whatsoever, only for reimbursing for services rendered.

Signature of Participant of legal consent/ or Parent/ Legal Guardian

Date

Print Name of Participant

This form may not be altered in anyway.

Recreation Supports Voucher Program Checklist

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

- ___ **Recreation Supports 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 checklist (signed by participant of legal consent, parent, or legal guardian) This form may not be altered in anyway.

- ___ **Verification of Eligibility Form** (signed by a St. Louis Regional Case Manager, physician, or School Administrator/Teacher)

The completed 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 verification of eligibility form does not need to be completed!*** If your application package did not contain a verification of eligibility form, it is not necessary for you to submit a verification of eligibility form as we have it on file.*

Applications that are incomplete (including missing forms, dates of specific community recreation programs or 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