



The Recreation Council of Greater St. Louis

"Advocating for Recreation Choices for Individuals with DisABILITIES"

PROGRAM ELIGIBILITY FORM

**THIS FORM IS COMPLETED BY YOUR ST. LOUIS REGIONAL CENTER OR
DDRB CASEMANAGER AND FORWARDED TO OUR OFFICE BY MAIL OR FAX.**

Consumer Name: _____ Date of Birth: _____

Consumer Address: _____

Purpose(s) of eligibility request: Voucher funding Parks & Recreation All of Us School Club

Current Residence Type:

Independent Family/Foster Supported Living Group Home State Run Facility

Consumer Gender: MALE FEMALE

1. Diagnosis: MR Cerebral Palsy Epilepsy Autism
 Learning Disability Head Injury Other (specify) _____

IMPORTANT: Attach a client profile sheet or CIMOR Diagnostic Sheet that lists the primary diagnosis & the diagnostic code.

2. Customer Identification Number _____

3. Level of Support needed (staff to participants): 1:1 1:4 1:8 Other _____

ST. LOUIS REGIONAL CENTER OR DDRB CASEMANAGER SIGNATURE:

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

Signature: _____ Date: _____

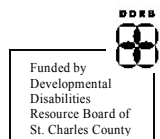
Printed Name: _____ Agency: _____

Title: _____ Phone #: _____

Address: _____

Thank you for completing this form. Your assistance is greatly appreciated. Information is used to determine eligibility for services. If you have questions, contact the St. Charles County coordinator for the Recreation Council at the number below. Visit the website for more information: <http://stlouis.missouri.org/reccouncil>

Return information: Mail: Recreation Council ~ 60 Gailwood Dr.-Suite C ~ St. Peters MO 63376
Phone & Fax: 636-477-7704 (no cover sheet needed)
E-Mail: reccouncilsc@yahoo.com



Funded by
Developmental
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