



GUIDELINES FOR CAMP VOUCHER PARTICIPANTS

1. All campers must be at least four years of age and meet eligibility requirements as listed in the Saint Louis Office for DD Resources manual.
2. Camper must live in their natural home with a primary caregiver or be a St. Louis City DFS placement.
3. The camper must pay the camp deposit directly to the camp; if a camp deposit is not required 10% of the camp cost will be the required deposit.
4. Campers can only use this voucher for one week of residential camp, one time per summer, per fiscal year: July 1 - June 30.
5. Camp funds cannot be used to pay for physicals or transportation, etc.
6. It is the campers' responsibility to register, complete, and mail all camp applications directly to the camp.

CAMP CHECKLIST

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

___ **Community Socialization/Camp Voucher Program Application**
(completed bold areas with signatures of camper or legal consent, parent, or legal guardian where indicated)

___ **Eligibility Verification Form** (signed by a St. Louis Regional Office Service Coordinator, St. Louis Office for DD Service Advocate, a physician, a psychologist, Vocational Rehabilitation, or School District)

If individual is referred by a Service Coordinator/Service Advocate a copy of the following must be attached:

___ The DMH diagnosis page

If eligibility is verified by a physician, a psychologist, Vocational Rehabilitation, or School District, a copy of the following must be attached:

___ A signed letter stating disability on the physician's letterhead, documentation with authorizing signature from Vocational Rehabilitation, or from a School District record.

The Recreation Council will not process the application until the above listed application, and listed forms have been received! We will not accept applications by FAX. 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!!

Applications that are incomplete (including missing forms) will be returned to the applicant!

Applications should be mailed to:

**The Recreation Council
2334 Olive St.
St. Louis, Missouri 63103**

**If you have any questions, please call Mary Ann, the Recreation Council's City Coordinator,
at: (314) 772-2299**



COMMUNITY SOCIALIZATION PROGRAM & CAMP VOUCHER MANUAL

Directions: Review this document with all Community Socialization Program/Camp Voucher Recipients.

INTRODUCTION TO VOUCHER SERVICES PROGRAM

The purpose of Voucher Services is to allow for self-determination which means individuals choose their own service provider and choose which services they receive to:

- improve the quality of their life
- support individual in maintaining or improving their independence
- allow individuals to be involved in activities outside the home

To be eligible for funding through the St. Louis Office for DD Resources:

- you must be at least four years old and a resident of the city of St. Louis
- you must have a diagnosis of one of the following developmental disabilities: autism, cerebral palsy, epilepsy, or mental retardation (must have acquired before age 18) or must meet the functional definition of a developmental disability as determined by the St. Louis Regional Office . All eligibility criteria will be verified.

PURPOSE OF THE COMMUNITY SOCIALIZATION PROGRAM AND CAMP VOUCHER

The **Community Socialization Program** provides access to socialization related activities in the St. Louis community. However, this would not apply to programs and activities typically funded by the St. Louis Office for DD Resources. In addition, this voucher may be utilized by the participant to hire a support staff that would assist him/her in a community socialization program. The **Camp Voucher Program** allows participants to access camp programs (both specialized and generic) that best meet their support needs.

There is an expected co-pay of the following:

Community Socialization Program: 10% of program cost

Camp Program*: Deposit required by camp or 10% of camp cost if deposit is not required

Support Staff Services: Participant/Family will be expected to pay costs beyond the \$6.00 per hour.

*Note: the camper may utilize this voucher only one time per summer, per fiscal year.

INDIVIDUAL/FAMILY PARTICIPATION AGREEMENT AND RELEASE OF LIABILITY

By taking this document, I agree that I have been told about the rules of the Community Socialization Program and Camp Voucher Program. I agree to cooperate with the program staff, follow program rules and supply any and all information necessary for the program or to protect the safety of my family member or myself. I agree to make a co-pay to help subsidize the program cost which is determined by the Recreation Council staff or the service provider. I understand that the voucher funds are limited and are available on a first-come, first-serve basis. I understand that the voucher can not be used for transportation services.

I also understand that when utilizing these voucher funds for a camp program, the participant is limited to usage of one-time per summer, per fiscal year (July 1 – June 30). For example: if the participant uses the voucher funds to attend a camp in July or August, he/she must wait until the following July or August to use the voucher funding again.

I also understand that the St. Louis Office for DD Resources and the Recreation Council of Greater St. Louis does not employ or control and does not have the right to control the actions and activities of the person providing services to my family member. I also understand and agree that the St. Louis Office for DD Resource and the Recreation Council of Greater St. Louis are not responsible to pay for services that do not follow the expected/defined outcome.

I also understand that participation in this program is voluntary and that I may withdraw from the program at any time. Furthermore, The St. Louis Office for DD Resources and the Recreation Council of Greater St. Louis is not responsible for any actions or claims arising out of or resulting from the provision of services of any provider.

I also understand that failure to follow any required policy or procedure may result in termination of my participation in the Residential/Employment, Related Service Voucher Program, and the Community Socialization Program/Support Staff Services and Camp Voucher by the St. Louis Office for DD Resources.

****** NOTE: If participant is approved in the Community Socialization/Support Services or the Camp Voucher, this does not mean that they are registered for the program they wish to attend.**

Make certain to register for the program in addition to the voucher!****



Voucher Requested in Fiscal Year: FY09 (July 1, 2008-June 30, 2009) FY10 (July 1, 2009-June 30, 2010)

Community Socialization/Camp Program Voucher Manual, ISA & Release of Information for:

Print Participant's Full Name: _____ Date of Birth: _____
Address: _____ Phone Number: _____

I, the individual named above, authorize the St. Louis Regional Office (SLRO and/or the St. Louis Office for DD Resources (DD Resources) to release information pertaining to the below service for me or my family member/ward generated by SLRO to the St. Louis Office for DD Resources (DD Resources) and the Recreation Council of Greater St. Louis. I also give the St. Louis Office for DD Resources and the Recreation Council of Greater St. Louis permission to speak to me, or my family member/ward, about services being provided during monitoring visits.

Type of Voucher: *Please check one only!*

- Community Socialization Program and/or Support Staff Services** for a separate or combined total of up to \$300 per fiscal year. If you choose only the Support Staff Services, funding may be available up to \$6 per hour, not to exceed 50 hours)
- Camp Program** / Funding up to \$550 (1:4 staff to camper ratio) or \$825 (1:1 ratio, verification of need required)

Program/Provider Name: _____ Service Dates _____ Total Cost: _____
Provider Address: _____ Phone Number: _____
Level of Support Required: 1:1 1:4 1:8 Other: _____

There is an expected co-pay of the following:

Community Socialization Program: 10% of program cost

Camp Program*: Deposit required by camp or 10% of camp cost if deposit is not required

Please list the required Co-Pay: _____

Support Staff Services: Participant/Family will be expected to pay costs beyond the \$6.00 per hour.

*Note: the camper may utilize this voucher only one time per summer, per fiscal year.

This voucher program is based on a first-come, first-serve basis. There is no guarantee that funds will be available to assist you at the time you make application. You will be notified of voucher approval decision when you receive a returned copy of this voucher application.

Outcome to achieve: Individual will acquire or maintain skills through categories checked below to enhance consumers Residential/Employment options. Please check all that apply:

<input type="checkbox"/> Socialization Skills	<input type="checkbox"/> Leisure Skills
------------------------------------------------------	------------------------------------------------

By signing below, the following individuals are acknowledging that they have received and will adhere to the information outlined in the Community Socialization Program/Camp Program Voucher Manual and HIPAA Guidelines. They have willingly chosen a program/service that best meets their interests and support needs and are in agreement with how the voucher will be utilized. The following individuals also understand that funding is based on availability of dollars and all requested funds might not be funded.

Individual if 18 or above and Legal Guardian or Legal Guardian _____ Date

St. Louis Office for DD Resources/Recreation Council Use Only

Approved? Yes No If Yes, Voucher Amount Approved: \$ _____ Participant Co-Pay: \$ _____

Recreation Council Staff Signature _____ Date _____ DD Resources Staff _____ Date

Service Coordinator/Service Advocate _____ Date

White Copy = MR&DD Resources Yellow Copy = Service Coordinator /Service Advocate Pink Copy = Agency Goldenrod Copy = Individual



COMMUNITY SOCIALIZATION PROGRAM & CAMP VOUCHER
Eligibility Verification Form

**** MUST attach the consumer's diagnosis verification with this form****

Verification Documentation is from: ___ Physician ___ DESE/School District ___ Vocational Rehabilitation
___ S LRO Service Coordinator/DD Resources Service Advocate
___ Psychologist ___ Other: _____

Consumer Name: _____ Phone Number: _____

Address: _____ Zip Code: _____

Date of Birth: _____ Consumer's Social Security Number: _____

Legal Guardian Name (if applicable): _____ Phone Number: _____

Legal Guardian Address: _____ Zip Code: _____

- 1. Is this consumer an active client with: ___ St. Louis Regional Office ___ DD Resources
2. Check the Consumer's Diagnosis: ___ Cerebral Palsy ___ Mental Retardation ___ Autism
___ Head Injury ___ Epilepsy ___ Down Syndrome ___ Learning Disability
___ Other: (specify) _____

3. When did this consumer's disability manifest itself? ___ Prior to age 19 ___ Prior to age 22

4. Level of Support Needed: ___ 1:1 ___ 1:4 ___ 1:8 Other: _____

- 5. Current Residential Type:
___ Family/Guardian ___ Independent Support Living ___ Group Home
___ Independently ___ Homeless/Emergency Shelter ___ Nursing Home
___ Habilitation Center ___ Specialized Facility ___ State Group Home
___ Foster Home: Was foster placement made by St. Louis City Courts? ___ Yes ___ No

6. Consumer's Gender: ___ Female ___ Male

7. Consumer's Ethnicity: ___ White ___ Black ___ Hispanic ___ Asian ___ Bi-Racial
___ American Indian ___ Other ___ Unknown

8. Are you aware of other funding sources available to this consumer for this purpose? ___ Yes ___ No

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

Signature: _____ Date: _____ Phone #: _____

Printed Name: _____ Agency: _____

Title: _____ 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. Louis City Voucher Coordinator for the Recreation Council at (314)772-2299. You may return this form by fax at (314)726-3454 or mail to:

The Recreation Council, 2334 Olive Street, St. Louis, Missouri 63103



The following recreation programs are just examples of programs you may want to assess with the Community Socialization Voucher Program:

Local dance, karate, gymnastic, yoga and exercise studios
Local music and drama public classes
Community Arts and Crafts classes such as: painting, ceramics, pottery, drawing, jewelry making, etc.
Horseback riding lessons
Boys and Girls Club programs
Parks and Recreation Department Programs
YMCA sports, fitness, classes (note exclusions below)
YWCA sports, fitness, classes (note exclusions below)
OASIS classes (note exclusions below)
Sunnyhill Adult Travel Adventure Programs
Swimming lessons offered by a public program
TASK (Team Activities for Special Kids)
Girls and Boy Scout programs
St. Louis Science Center, St. Louis Zoo, and Art Museum Classes

The following are examples of Residential Camps Adventure Programs that you may want to access with the Camp Voucher Program:

Camp Barnabas
Cub Creek Science Camp
Camp Weloki
Camp Wonderland
Camp Lakewood
Boy or Girl Scout Camp
Sherwood Forest Camp
Sunnyhill Adventures
Camp Wartburg
Touch of Nature Camp Little Giant
Camp Roehr
Other residential camps located in Missouri (prior approval is needed for out of state camps not listed)

**** Please note that individuals using this voucher MUST live in his/her natural home****

PLEASE NOTE: You are not limited by the above choices; however, if you are unsure if your program of choice qualifies for the voucher, please call the Recreation Council St. Louis City Coordinator at (314) 772-2299 before submitting your voucher application.

Below are programs and organizations that currently receive St. Louis Office for DD Resources funding and DO NOT qualify for the voucher program:

YMCA (Integrated Fitness program AND their Youth Socialization program)
YWCA (Challenges Unlimited program)
St. Louis Society (the Out and About program AND their Sports Camp)
OASIS Friends
Chapel for the Exceptional
Social Club

The Voucher Program can only be used for program funding and can NOT be used for transportation purposes, physical examinations, supplies, and other type of expenses associated with the program.