



**GUIDELINES FOR COMMUNITY SOCIALIZATION SUPPORT STAFF VOUCHER**

1. All participants applying for a support staff voucher must be at least four years of age and meet eligibility requirements as listed in the St. Louis Office for DD Resources' manual.
2. Participants that apply for a support staff voucher must live in St. Louis City or be a St. Louis City DFS placement.
3. Due to the nature of the support that the support provider gives to the participant, it is the total responsibility of the participant to hire, train, and screen the support staff.
4. For the welfare and safety of the participant, the Recreation Council strongly encourages participants to obtain a provider background screening check. To obtain the screening contact the Missouri Department of Health, Family Care Safety Registry at (573) 526-1974. There is a \$5.00 fee for this service. The St. Louis Office for MR&DD Resources will reimburse this fee upon proof of receipt.
5. The support staff must be at least 18 years of age and may be an individual of choice as long as he/she does not reside in the participant's home.
6. Funds cannot be used to pay for the class fee, transportation or supplies, they must be used to pay the support staff \$6.00 per hour not to exceed a total of 50 hours.
7. Participants can enroll in separate or combined activities and hire a support staff to accompany them but the voucher amount cannot exceed 50 hours or \$300.00 in one fiscal year: July 1 - June 30.
8. Payment will be made directly to the support staff after attendance has been verified and the proper invoice has been received by the Recreation Council. Copies of the billing invoice will be sent to the participant upon approval of their Community Socialization Support Staff Voucher.
9. Invoices must be submitted by the 5th day of the following month to obtain payment in a timely manner.

**COMMUNITY SOCIALIZATION VOUCHER 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 needed)
- \_\_\_ **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 if 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 physicians letterhead, documentation with authorizing signature from Vocational Rehabilitation or 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"/> <b>Socialization Skills</b>	<input type="checkbox"/> <b>Leisure Skills</b>
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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.**