



UCP Heartland
13975 Manchester Road
Manchester, MO 63011
(636) 227-6030

SUMMER VOUCHER PROGRAM INSTRUCTIONS

The UCP Heartland Summer Voucher Program is funded by the Productive Living Board to promote the acquisition and maintenance of skills for independence within the home and community. UCPH administers the program by providing partial financial assistance for summer care between late May and August to families who have eligible children with developmental disabilities. The reimbursement assists the family in paying for programs such as day camps or in-home supports while schools are not in session. **Please read the following guidelines carefully.**

Who is eligible?

- For a child to be eligible, he or she must be **between the ages of 3 and 20**, enrolled for the upcoming fall in preschool through high school, and have a developmental disability as defined by the PLB.
- Families receiving reimbursement **must live in St. Louis County.**

What types of services ARE reimbursed through the program?

- Summer day camps and other day recreation programs between late May and August.
- Examples: St. Louis County and City day camps, COCA, Science Center, St. Louis Zoo
- Day support services (a provider cares for your child in the home/community).
- The UCP voucher used in conjunction with the Recreation Council's Recreation Support Voucher (pays for an on-site assistant) would be a valid way of dually utilizing PLB funds for the same day camp for qualifying consumers.

What services and programs are NOT eligible for reimbursement per the PLB guidelines?

- All types of therapy (music, horsemanship, physical, occupational, speech or therapy/therapeutic camps).
- Academic classes, tutoring etc.
- Evening/weekend activities.
- Camp or support for a non-eligible sibling
- Services that are otherwise funded through PLB, SSD, DMH or other mandated public agencies
- Programs currently funded by the PLB regardless of the funding stream. This includes: Teens in Motion or Neighborhood Experiences, JCC, YMCA Day Camps, Jamestown New Horizons, and UCP Day Camp
- **Overnight camps.** For overnight camps, contact the Recreation Council.

How much will UCP Heartland reimburse?

- We reimburse up to **50%** of the cost of supports
- The maximum reimbursement is \$500.00 per child

How do I use the program?

1. Complete an application and return it to UCP Heartland as soon as possible. All necessary documentation must be submitted with the application for it to be considered complete and eligible for the program.
2. To expedite processing of your application, attach a copy of documentation from the St. Louis Regional Center or a licensed clinician that verifies your child's diagnosis. If a copy is already on file with me, there is no need to send another.
3. Complete and return the Direct Deposit form along with a bank issued document. All payments to families will be issued through direct deposit. If I have your information already, no need to send another.
4. Because funds are limited, UCP Heartland processes applications on a first-come, first-served basis. If funds are available, we will send you a voucher(s) worth up to ½ of your estimated expenses. (Please note: there is a maximum reimbursement of \$500). If all funds have been allocated, your family will be placed on a waiting list. We frequently contact families on the waiting list when unused funds become available, so please retain all receipts.
5. **After services are rendered**, fully complete the voucher with all information and choose one of the following payment options:
 - **OPTION 1:** You may pay ½ of the cost of services directly to your provider, and UCP Heartland will pay the other ½ to the provider. Please indicate whom we should pay on the voucher. Family must show proof of payment to the provider.
 - **OPTION 2:** You may pay the entire cost of the services to your provider, and we will reimburse you (the family) up to ½ of the cost (max \$500). Family must show proof of payment to the provider.

For In-Home services, proof of payment must be shown, i.e. cancelled check, check printout from bank, or a signed money order receipt. **CASH PAYMENTS ARE NOT REIMBURSABLE.**

For camp services, you must send a receipt/statement from the camp with the voucher, stating the amount paid and method of payment. You will not be paid without a receipt from the provider. Please indicate whom we should reimburse on the voucher.

SIGNATURES: All providers/camps must sign the voucher. This signature verifies that the consumer **ATTENDED** the camp; the receipts verify that the camps were paid for. ***WE NEED BOTH receipts and signatures.*** If you use more than one provider/camp/activity, please make a copy and submit one voucher for each provider/camp/activity. Vouchers may be denied if there are no signatures.

Please note: All services will be verified by UCPH prior to reimbursement. Please completely fill out voucher with address, phone numbers and SS#.

Do not turn in receipts with application; attach them to a completed voucher after services are rendered.

6. Return the voucher and receipts/cancelled checks to UCP Heartland by September 6, 2019 to be reimbursed.
7. Please keep this portion of the application for your records.

Any questions? Contact Vicki Henak (636) 779-2262.

Contact the Productive Living Board at 314-726-2606 x114 for more information on PLB funded camps.



United Cerebral Palsy Heartland
 13975 Manchester Rd
 Manchester, MO 63011
 Phone 636-227-6030

APPLICATION FOR 2019 SUMMER VOUCHER PROGRAM

1. General Information:

Child's Name:	Date of Birth:	Child's Social Security Number:
Address:	Home Phone Number: Parent's Work Number:	Parent's name(s):
Sex:	Race:	Parent's email(s):

2. Current Residence Natural Family Home Foster Home Emergency Other: _____

County of Residence: _____

Attach one of the following for proof of the family's primary residency (required)

- | | |
|---|--|
| <input type="checkbox"/> Most recent utility bill (water, gas, electric, sewer) | <input type="checkbox"/> Current personal property tax receipt |
| <input type="checkbox"/> Most recent voter registration card | <input type="checkbox"/> Housing or rental contract |
| <input type="checkbox"/> Most recent bank statement | <input type="checkbox"/> Mortgage documents |

Annual Family Income: ___ \$0 to \$9,999 ___ \$10,000-\$14,999 ___ \$15,000-\$19,999
 ___ \$20,000-\$29,999 ___ \$30,000-\$49,999 ___ \$50,000-\$99,999 ___ \$100,000 & greater

3. Summer Recreation/Support Need

Is your child enrolled in a school in grades preschool through high school? Yes No

Will they attend the summer school session? Yes No

Ending Date: _____

Which recreation or support program(s) will your child participate in? _____

Are you receiving financial support from other sources for this program? Yes No

If yes, list funding sources: _____

What is the total expected cost for your child's 2019 summer recreation/supports? \$ _____

Parent Signature _____

Date: _____

UCP Heartland Full Service Direct Deposit (FSDD) Enrollment Form

To enroll in Full Service Direct Deposit, simply fill out this form and return it to UCPH. **Attach a voided check** for checking accounts or a bank issued document for savings accounts and pre-paid debit card accounts. If depositing to a savings/pre-paid debit account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on the deposit slip. This will help ensure that you are paid correctly.

Below is a sample check detailing where the information necessary to complete the form can be found.

	John Q. Public 111 Main Street Anytown, USA 12345	Date: _____
	Pay To The Order Of _____ \$ _____	0101 DOLLARS
Routing/Transit Number	MAIN STREET BANK Anytown, USA 12345	Checking Account Number
	Memo: _____	Check Number (not needed for sign up)
	0123456789 123456789 0101	

Important! Please read and sign before completing and submitting.

I hereby authorize UCP Heartland (hereinafter 'Company') to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter 'Bank') indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such time and in such manner as to afford Company and Bank reasonable opportunity to act on it.

Printed Name: _____ Social Security Number: _____
 Signature: _____ Date: _____

Account Information: (attach bank issued document)

- Checking Account
 Savings Account
 Pre-paid Debit Account

Bank Name/City/State: _____
 Routing/Transit Number: _____ Account Number: _____

OFFICE USE: UCPH will keep each original enrollment form on file as long as the provider is using FSDD and for two years afterward.

Vendor # _____

Disability Information

This page only needs to be completed if you are new to the program

Child's Name: _____

Documentation from the St. Louis Regional Center (Face sheet and Diagnosis page) or a licensed clinician that verifies your child's developmental disability diagnosis is required.

Please attach diagnosis to application OR submit this form completed by physician or STL Regional Center.

St. Louis Regional Center Information:

Is the above-named family member enrolled with St. Louis Regional Center? Yes No

If yes, please attach a copy of diagnosis information and provide:

Case manager Name: _____ **DMH I.D. #** _____ (required)

Primary Diagnosis:

- Autism Epilepsy Intellectual Cerebral Palsy
 Other: _____

Did the consumer's disability manifest prior to the age of twenty-two?

_____ Yes _____ No

Please specify the participant's disability in detail and **check two or more functional limitations** in the following major life areas:

- _____ Self Care _____ Learning
_____ Self-Direction _____ Mobility
_____ Receptive and Expressive Language
_____ Capacity for Independent Living & Economic Self Sufficiency

Signature of Physician/STLRC Case Manager

Date

Please print:

Name of professional completing this report: _____

Address: _____

Phone: _____