

# **POLICIES AND PROCEDURES**

## **OPERATING MEMORANDUM NO. B.1**

TO: All Department Personnel

SUBJECT: FEE REDUCTIONS, REFUNDS, RELIGIOUS ACCOMMODATIONS AND TIME PAYMENTS

EFFECTIVE DATE: March 31, 1987  
Revised September 19, 2000  
Revised August 11, 2005  
Revised February 28, 2007  
Revised March 23, 2007  
Revised February 27, 2008  
Revised February 27, 2009  
Revised March 19, 2009  
Revised July 1, 2009  
Revised July 30, 2009  
Revised January 29, 2010  
Revised December 1, 2010  
Revised February 4, 2011  
Revised February 23, 2011  
Revised May 17, 2011  
Revised December 12, 2011  
Revised February 22, 2012  
Revised December 20, 2012  
Revised November 12, 2013  
Revised December 12, 2013  
Revised March 16, 2015  
Revised November 29, 2016

### **1. PURPOSE**

- 1.1 To provide DPR programs where fees will not be a barrier.
- 1.2 To provide a uniform policy for fee reductions, refunds, accommodations and time payments for departmental fee programs.
- 1.3 To establish Adult Individual or Household income as the basis for fee reduction for departmental programs.

### **2. DEFINITIONS**

- 2.1 Adult Individual - single person 18 years of age and older; may be living with other adult individuals, but are financially independent of one another.
- 2.2 Household - All the persons who live in the same individual residence at a given time, regardless of relationship, that are financially dependent on one another.
- 2.3 Fee - For purposes of this policy, the term "fee" refers to any County Board established individual user fee for DPR-operated and DPR-contracted programs, where the program expenditures come from appropriated funds. This includes programs, classes, trips, excursions, and supply/material fees.
- 2.4 Income- Adult Individual or Household income is defined as the sum, on an annual basis, of all pay, allowances, maintenance/child support, social services allowances and other income for the Adult Individual or Household.

### 3. POLICY

#### **Income-Based Fee Reductions**

- 3.1 Requests for fee reductions must be made in writing and will be determined based on total Adult Individual or Household income and size relative to the currently-published HUD's Section 8 income limits. An Adult Individual or Household whose income is below the threshold would pay the percentage of the established fee (including any applicable activity fees).
- 3.2 For youth (under the age of 18) in a fee reduction-qualified household, fee reductions are extended to private swim lessons.
- 3.3 All programs and offerings are eligible for fee reduction with the following exceptions:
  - 3.3.1 EXCEPTIONS FOR ALL CUSTOMERS
    - 3.3.1.1 Non-Program Supply Merchandise, concessions and vending
    - 3.3.1.2 Exclusive use of facilities
    - 3.3.1.3 Personalized service, wherein the customer has the opportunity to self-select their instructor or program leader, such as one-on-one or group personal training, boxing, pilates, tennis, etc. *with the exception* of private swim lessons for youth under the age of 18 in fee reduction-qualified households.
- 3.4 Persons eligible to apply for fee reductions include:
  - 3.4.1 Persons who live in or own property in Arlington County
  - 3.4.2 Employees of Arlington County Government and members of their family living in the same household
- 3.5 In order to demonstrate income eligibility for DPR fee reductions, those persons listed in section 3.4 must also present documentation of any one of the following to qualify their **household** for fee reductions:
  - Official documentation from Arlington County's Department of Human Services (DHS) that demonstrates that the individual applying for fee reductions has already qualified and been approved for DHS fee reductions.
  - Official documentation from Arlington Public Schools (APS) showing approval for the APS free/reduced lunch program.
  - Copies of official filed Federal Income Tax Returns (within the last twelve months) that demonstrate that the individual applying for the fee reductions meets the Section 8 income limits (see attachment 6.2).
  - Official documentation from the Virginia Employment Commission demonstrating that one or all of the adult individuals in the household who are generating income are currently receiving unemployment benefits (along with demonstrated proof of all other forms of income. In total, all income sources may not exceed the Section 8 guidelines, as detailed in Attachment 6.2.
- 3.6 In order to demonstrate income eligibility for DPR fee reductions, those persons listed in section 2.6 must also present documentation of any one of the following to qualify as **adult individual only** for fee reductions:
  - Official documentation from the Virginia Department of Medical Assistance Services demonstrating that the individual is an active Medicaid recipient.

- Official documentation from the US Social Security Administration demonstrating that the individual is an active Supplemental Security Income (SSI) recipient.
  - Official documentation from the US Social Security Administration demonstrating that the individual is an active Social Security Disability Insurance (SSDI) recipient.
  - Official documentation from the Virginia Employment Commission demonstrating that the individual is currently receiving unemployment benefits (along with demonstrated proof of all other forms of income. In total, all income sources may not exceed the Section 8 guidelines, as detailed in Attachment 6.2.
- 3.7 Fee reductions will be based on total Adult Individual or Household income (which is comprised of adult individuals generating income for the household).
- 3.8 Fee reduction status will be applied consistently across all eligible programs and offerings.
- 3.9 Fee reductions are applied in addition to other DPR discounts that may apply.
- 3.10 Adult Individual or Households will retain fee reduction status for no more than twelve months from the date of last application, and no additional application is required during the twelve-month period. After twelve months, eligible Adult Individual or Households must re-apply for fee reduction status in accordance with paragraph 5.1 below.
- 3.11 Application of fee reductions will not compromise nor modify the management of the registration process or the program structure (including establishment of program fees, minimum/maximum enrollments, wait lists, and the first-come, first-served registration practice).
- 3.12 There is no cap to the number of fee-reduced participants in a given program.
- 3.13 There is no cap on the number of programs or total value of fee reductions for a qualified adult individual or household.

### **Temporary Financial Hardships**

- 3.14 If Adult Individuals or Households experience a sudden financial hardship that temporarily reduces their income and their ability to pay, then they may apply for a temporary financial hardship that, if approved, could have the same effect as a fee reduction for a period of up to six months.
- 3.15 Requests for temporary financial hardships must be made in writing (using the form in attachment 6.5) and will be determined based on documented inability to pay the published fee for DPR program offerings.
- 3.16 Adult Individuals or Households applying for a temporary financial hardship determination must also apply for or demonstrate inability to meet the criteria of fee reductions as outlined in the policy.
- 3.17 The total number of programs and total value of temporary financial hardship fee reductions for a qualified adult individual or household shall be specified in the approval from DPR Finance (as indicated on attachment 6.5).
- 3.18 Determinations on temporary financial hardship requests will be made by the DPR Director of Finance and implemented by the DPR Registration Office.

### **Refunds**

- 3.19 Full refunds for DPR classes will be given when any of the following conditions exist:
- 3.19.1 Programs are canceled by DPR.

- 3.19.2 Customer requests cancellation of class or program greater than two work weeks prior to the start of the program.
- 3.19.3 Upon request when schedule or location changes made by DPR prohibit or limit participant's attendance.
- 3.20 For any reason other than those stated above, customers who request a refund prior to the start of the second class will receive a refund, minus the applicable refund service charge, as approved annually by the County Board.
  - 3.20.1 The refund service charge is subject to fee reductions and will be assessed per service call per participant to request refunds and not per program offering canceled.
  - 3.20.2 The refund process will be completed within 30 days.
  - 3.20.3 There will be no refunds or credits after the second meeting of the class or program start.
  - 3.20.4 There will be no refunds or credit for one session classes if the participant was unable to attend.
  - 3.20.5 The deadline for receipt of requests to cancel any specific camp session is 5 PM on the Monday of the week prior to the start of the camp session
  - 3.20.6 Refund requests for medical reasons shall be accompanied by a physician note and considered on a case by case basis by the DPR Registration Office.

### **Religious Accommodations**

- 3.21 A scheduled class, program, or camp day may fall on a religious holiday. In an effort to respect the community we serve, participants may make up a session that will be missed due to conflicts with their religious holidays, provided another session of the same activity is available with space. Participants needing such accommodation must inform the registration office at (703) 228-4747 prior to the first day of the class.

### **Payment Plans**

- 3.22 Payment plans are available for customers with enrollments in year-round programs (competitive teams operated by DPR; pre-school; and elementary after-school programs. These plans are broken down into equal payments spread over the length of the program.
- 3.23 All payment plans are scheduled and approved by the DPR Registration Office.
- 3.24 All payment plans must be completed for activities within the same fiscal year by the end of that fiscal year, unless otherwise noted.
- 3.25 Payment plans are available for customers with enrollments in summer camps. For summer camps, at least 30% of the total balance due must be paid at the time of registration.
  - 3.25.1 If registration is completed before the first business day in May before summer camps begin, then the remaining balance is due to be paid in full by the last business day in May.
  - 3.25.2 If registration is completed after the first business day in May, then the remaining balance is due either 12 weeks after the registration date, or 2 weeks before the first camp begins, whichever is earlier.
- 3.26 Other payment plans will be considered by the DPR Registration Office on a case-by-

case basis.

## **General**

- 3.27 Exceptions to this policy may be considered on a case-by-case basis, and the decision will be made by DPR Director of Finance.

## **4. AUTHORITY**

- 4.1 Issued by the Director of Parks and Recreation.
- 4.2 Fees as approved by the County Board in the current Fiscal Year's Adopted Budget.

## **5. PROCEDURES**

### **5.1 FEE REDUCTIONS**

- 5.1.1 In order to establish fee reduction status, qualified applicants must file a completed "Request for Fee Reduction" form (Attachment 6.1) and provide a copy of qualifying documentation listed in sections 2.7 and 2.8. If unable to provide the specified documentation to substantiate Adult Individual or Household income, applicants must file a completed Fee Reduction Income Documentation Waiver (Attachment 6.3) and submit for consideration.
- 5.1.2 Using the information provided in a completed "Request for Fee Reduction" and the pre-qualifying documents, DPR will determine the Adult Individual or Household's fee reduction status using the total Adult Individual or Adult Household income and/or total household size in accordance with limits provided in Attachment 6.2. That fee reduction status will then be applied consistently across all eligible programs and offerings.
- 5.1.3 Application for fee reduction status may be made at any of the following facilities:
- DPR Registration Office, (3700 South Four Mile Run Drive)
  - Customer Service Desk at Thomas Jefferson Community Center (3501 S. 2<sup>nd</sup> St)
  - Customer Service Desk at Walter Reed Community Center (2909 16<sup>th</sup> St S.)
  - Customer Service Desk at Fairlington Community Center (3308 South Stafford Street)
- 5.1.4 Decisions on completed applications for fee reduction status will be communicated in writing to the customer within two business days of submission of completed and verified application and accompanying documentation.

### **5.2 TEMPORARY FINANCIAL HARDSHIP**

- 5.2.1 Adult Individuals or Households applying for a temporary financial hardship determination must also apply for or demonstrate inability to meet the criteria of fee reductions as outlined in the policy.
- 5.2.2 In order to establish temporary financial hardship status, qualified applicants must file a completed "Financial Hardship Request" form (Attachment 6.5) and provide additional documentation demonstrating the temporary income loss and inability to pay approved fees.
- 5.2.3 Using the information provided in a completed "Financial Hardship Request" form and the accompanying documentation, DPR will determine the Adult Individual or Household's temporary financial hardship status using the total

Adult Individual or Adult Household income. That temporary financial hardship status will then be applied consistently across all eligible programs and offerings for a period of up to six months.

5.2.4 Application for temporary financial hardship status may be made at the main DPR Registration Office (3700 South Four Mile Run Drive).

5.2.5 Decisions on completed applications for temporary financial hardship status will be communicated in writing to the customer within five business days of submission of completed and verified application and accompanying documentation.

## 6. ATTACHMENTS

- 6.1 Request for Fee Reduction (English and Spanish versions)
- 6.2 Fee Reduction Schedule
- 6.3 Fee Reduction Income Documentation Waiver
- 6.4 DPR Guidelines for Fee Reduction
- 6.5 Financial Hardship Request Form (English Version)

## 7. FOLLOW-UP AND REVIEW

- 7.1 This Operating Memorandum will be reviewed as necessary and at least every three years by the Department Finance Officer.

## AUTHORIZED



Jane Rudolph, Director

Authority Reference:  
Approved by:  
DPR Leadership Team  
March 16, 2015



# DDEPARTMENT OF PARKS AND RECREATION

703-228-4747, Option 1

E-Mail: registration@arlingtonva.us

## REQUEST FOR FEE REDUCTION

(Form Revised 11/28/2016)

Fee Reductions apply **ONLY** to Arlington County Residents.
**RecTrac HH#:**

Name of Applicant: \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Work/Cell: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Email: \_\_\_\_\_

**NOTE: If filing for a household, please list all household members who are financially dependent on one another, including yourself. If applying as an individual just list yourself.**

	Name	Birthdate
1		
2		
3		
4		

	Name	Birthdate
5		
6		
7		
8		

I certify that all the information on this application is true and correct, and that I have provided proof of identity, Arlington residency, and that ALL income has been reported, if applicable. Annual income is defined as the sum, on an annual basis, of all pay, allowances, maintenance/child support, social services allowances and other income for the Adult Individual or Household. **IMPORTANT: FEE REDUCTIONS, ARE VALID FOR ONE YEAR. YOU MUST RE-APPLY ANNUALLY.**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For OFFICE USE ONLY below this line.**

Processor, please check official document presented with this application.

- ☐ Current Arlington Public Schools (APS) reduced or free lunch program. (Date of Letter: \_\_\_\_\_) ☐ Reduced ☐ Free  
☐ Department of Human Services (DHS) Woman, Infant and Children Program (WIC) card, Temporary Assistance to Needy Families (TANF) card or Supplemental Nutrition Assistance Program (SNAP) letter  
☐ Qualifying letter from DHS employee in Child & Family or IDD Services  
☐ McKinney Vento or Arlington Pediatric Center Documentation  
☐ Tax returns filed within last 12 months  
☐ Medicaid, Supplemental Security Income (SSI), or Social Security Disability Insurance (SSDI), for individual only  
☐ Unemployed adult, for individual only (as long as any other income does not exceed the section 8 guidelines).

Household Size:	Total Annual Adult Individual, or Household Income:
Approved Discount Percentage:	Fee Reduction Expires:
If denied, please give explanation:	
Printed Name of Processor:	Location of Processor:
Printed Name of Approver:	Signature of Approver:



# DEPARTAMENTO DE PARQUES Y RECREACION

Oficina: 3700 S. Four Mile Run Drive. Arlington, VA 22206

## SOLICITUD DE DESCUENTO

(Formulario Revisado 2/08/2017)

Los descuentos aplican **SOLO** para residentes del Condado de Arlington

**RecTrac HH#:**

Nombre del solicitante: \_\_\_\_\_

Domicilio: \_\_\_\_\_ Código Postal: \_\_\_\_\_

Teléfono de casa: \_\_\_\_\_ Correo Electrónico: \_\_\_\_\_

**NOTA: Si solicita el descuento para una familia, por favor indique todos los miembros del hogar que dependan financieramente, incluyendo a usted mismo. Si está aplicando individualmente sólo ponga su nombre.**

	Nombre	Fecha de Nacimiento		Nombre	Fecha de Nacimiento
1			5		
2			6		
3			7		
4			8		

Certifico que la información proporcionada en esta solicitud es correcta y verdadera, y que he presentado prueba de mi identidad (licencia de conducir, pasaporte u otra identificación con foto emitida por el Gobierno), prueba de residencia en Arlington (contrato de arrendamiento actual, documento hipotecario o recibo de servicios públicos), prueba de necesidad financiera y TODOS los ingresos han sido reportados. El ingreso anual se define como la suma anual de todos los ingresos por manutención de hijos, Servicios Sociales y otros ingresos. **IMPORTANTE: LOS DESCUENTOS SON VÁLIDOS POR UN AÑO DESDE LA FECHA DE APROBACIÓN. REAPLICAR PERSONALMENTE ANUALMENTE (no faxes o correos electrónicos).**

Firma: \_\_\_\_\_ Fecha: \_\_\_\_\_

No escriba bajo esta línea. Es únicamente para uso oficial.

**Processor, check current and official document(s) presented with application. Documents must have the name of applicant.**

- ☐ Current Arlington Public Schools (APS) reduced or free lunch program. (Date of Letter: \_\_\_\_\_) ☐ Reduced ☐ Free  
☐ Current Arlington County Department of Human Services (DHS) Women, Infant and Children Program (WIC) card,  
☐ Current Temporary Assistance to Needy Families (TANF) card or Supplemental Nutrition Assistance Program (SNAP) letter  
☐ Current Qualifying letter from DHS employee in Child & Family or IDD Services  
☐ Current official Arlington County DHS fee reduction approval  
☐ Current McKinney Vento participant documentation  
☐ Current official Arlington Pediatric Center fee reduction approval documentation  
☐ Current Federal Income Tax returns filed within the last 12 months. (HH size: \_\_\_\_\_, Gross individual or HH income: \_\_\_\_\_)  
☐ Current documentation from the Virginia Department of Medical Assistance Services (Medicaid), or US Social Security Administration (Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)) demonstrating current eligibility, for individual only  
☐ Current Virginia Employment Commission document demonstrating that one or all of the adult(s) in the household who were generating income are currently receiving unemployment benefits (along with proof of all other forms of income).

If denied, please give explanation:

PROCESSOR: Printed Name:

APPROVER: Printed Name:

PROCESSOR: Location:

APPROVER: Location:

The approved discount percentage and fee reduction expiration date are listed in the receipt provided to the client at the time of processing this application. Receipt #: \_\_\_\_\_



**Fee Reduction Schedule**

Section 8 Definitions of % of Median Income					Income Limits Effective April 14, 2017			
% Household Pays	Household Size							
	1	2	3	4	5	6	7	8 or More
75% of Fee	\$52,550	\$60,050	\$67,550	\$75,050	\$81,100	\$87,100	\$93,100	\$99,100
50% of Fee	\$38,650	\$44,150	\$49,650	\$55,150	\$59,600	\$64,000	\$68,400	\$72,800
25% of Fee	\$23,200	\$26,500	\$29,800	\$33,100	\$33,750	\$38,400	\$41,050	\$43,700

(Information Based Upon Federal Section 8 Median Income Determinations for  
Arlington County, Virginia – Effective April 14, 2017)

### Fee Reduction Income Documentation Waiver

I am applying for an Adult Individual or Household fee reduction and **cannot** provide documentation for the following:

- ☐ Most recent Federal Income Tax Form 1040 with corresponding W2(s) and/or 1099(s) filed by all adults in the household
- ☐ Most recent Virginia State 76X series tax forms with corresponding W2(s) and/or 1099(s) filed by all adults in the household
- ☐ In the absence of the above forms, I am using one of the following documents as pre-qualifier for financial assistance. In this case, fee reductions will be assessed based on the following:
- APS reduced lunch program = discount 50%
  - APS free lunch program = discount 75%
  - DHS Woman Infant and Children Program (WIC) = discount 75%
  - DHS Temporary Assistance to Needy Families (TANF) = discount 75%
  - SNAP = discount 75%
  - Medicaid Card = discount of 50%
  - SSI or SSDI = discount of 50%
  - Official documentation from the Virginia Employment Commission demonstrating that I am currently receiving unemployment benefits (along with demonstrated proof of all other forms of income).

Name(s)	DOB	List Gross Income (before any deductions) in whole dollars. Write in how often income is received: (W) = Weekly; (2W) = Every 2 Weeks; (2M) = Twice a Month; (M) = Monthly; (Y) = Yearly					
		Job 1* \$Amount/ How Often	Job 2* \$Amount/ How Often	Welfare, Child Support, Alimony \$Amount/ How Often	Pensions, Retirement, Social Security \$Amount/ How Often	All Other Income \$Amount/ How Often	Check if No Income
1		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
2		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
3		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
4		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
5		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
6		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
7		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>
8		\$ /	\$ /	\$ /	\$ /	\$ /	<input type="checkbox"/>

\* Job 1: Name of Employer & Location: \_\_\_\_\_

\* Job 2: Name of Employer & Location: \_\_\_\_\_

I certify that all the above information is true and correct and that all income has been reported. I understand that Arlington County officials may verify the information on the statement and that the deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

\_\_\_\_\_  
Signature of Adult

\_\_\_\_\_  
Date

**DPR Guidelines and Documents Needed for Fee Reduction**

- I. **Fee reductions are limited to:**
- Persons who live in or own property in Arlington County Virginia and members of their household, or
  - Employees of Arlington County Government and members of their household.
- II. In order to demonstrate income eligibility for DPR fee reductions, those qualified residents/property owners/employees must also present documentation of any one of the following to qualify their **household** for fee reductions:
- Official documentation from Arlington County's Department of Human Services (DHS) that demonstrates that the individual applying for fee reductions has already qualified and been approved for DHS fee reductions.
  - Official documentation from Arlington Public Schools (APS) showing approval for the APS free/reduced lunch program.
  - Copies of officially filed federal tax returns (within the last twelve months) that demonstrate that the individual applying for the fee reductions meets the Section 8 income limits (see attachment 6.2).
  - Official documentation from the Virginia Employment Commission demonstrating that one or all of the adult individuals in the household who are generating income are currently receiving unemployment benefits (along with demonstrated proof of all other forms of income. In total, all income sources may not exceed the Section 8 guidelines, as detailed in Attachment 6.2.
- III. In order to demonstrate income eligibility for DPR fee reductions, those qualified residents/property owners/employees must also present documentation of any one of the following to qualify as **adult individual only** for fee reductions:
- Official documentation from the Virginia Department of Medical Assistance Services demonstrating that the individual is an active Medicaid recipient.
  - Official documentation from the US Social Security Administration demonstrating that the individual is an active Supplemental Security Income (SSI) recipient.
  - Official documentation from the US Social Security Administration demonstrating that the individual is an active Social Security Disability Insurance (SSDI) recipient.
  - Official documentation from the Virginia Employment Commission demonstrating that the individual is currently receiving unemployment benefits (along with demonstrated proof of all other forms of income. In total, all income sources may not exceed the Section 8 guidelines, as detailed in Attachment 6.2.

**IV. Documents that establish proof of identity.**

One document from a government agency (examples may include):

- Valid US Driver's License with photo or VA State ID ("walker ID") issued by DMV or other agency
- US Passport with photo
- Permanent Resident Card (or Resident Alien Card) with photo
- Public or Private School ID with name and photo
- Arlington County employee ID with photo

**V. Documents that establish proof of Arlington residency or Arlington property ownership.**

One of the following documents (if you are an Arlington County Government employee, see section IV below):

- Original lease for a property in Arlington (with no alterations to names or address)
- Arlington Personal Property tax bill from Arlington with name on it, dated within the past 12 months.
- Arlington Real Estate tax bill with name on it, dated within the past 12 months
- Arlington sewer/water bill with name on it, dated within the past 12 months.
- Valid car registration with name and Arlington County address.
- Child's report card from an Arlington Public School, issued during the current school year. We can't accept private school report cards as the school may not require County residency to attend.
- Letter on County letter head from a Department of Human Services employee certifying the person is a county resident.
- Mortgage\Deed documentation
- Social Security documents with applicant's Arlington address and name printed on it.

**VI. Document that establishes proof of status as an Arlington County Government employee.**

- Copy of most recent pay slip as produced from the County's PRISM financial system.

**VII. Documents required for proof of income.**

One document from the following list:

- Most recent Federal Tax 1040 forms with corresponding W2(s) and/or 1099(s) filed by all adults in the household
- Most recent Virginia State 76X series tax forms with corresponding W2(s) and/or 1099(s) filed by all adults in the household.
- Approved DHS-issued Financial Assessment Form (used by DHS staff to qualify individual for fee reduction)

- Qualifying letter from DHS employee in Child & Family or IDD Services Certifying Income Level of Individual
- Documentation of Current Eligibility for and Participation in benefits from the McKinney Vento Homeless Assistance Act
- Qualifying Letter from Arlington Pediatric Center Certifying Income Level of Individual

The following documentation will result in an immediate fee reduction approval at the levels listed:

- Active Approval for APS Reduced Lunch Program = discount 50%
- Active Approval for APS free lunch program = discount 75%
- Proof of Current Enrollment in the DHS Woman Infant and Children Program (WIC) = discount 75%
- Proof of Current Enrollment in DHS Temporary Assistance to Needy Families (TANF) = discount 75%
- Proof of Current Enrollment in the Federal SNAP (formerly Food Stamp) Program= discount 75%
- Active Medicaid Card = discount of 50% for Adult Individual Only
- Proof of Current SSI or SSDI Benefits= discount of 50% for Adult Individual Only

For more information call 703-228-4747.

## ARLINGTON COUNTY DEPARTMENT OF PARKS AND RECREATION

**FINANCIAL HARDSHIP REQUEST**

Date of Request: \_\_\_\_\_

Primary Guardian: \_\_\_\_\_

Household ID: \_\_\_\_\_

The Department of Parks and Recreation (DPR) charges fees for each program based on the annual fee policy as approved by the Arlington County Board. However, fees are not intended to be a deterrent for households with members wishing to participate in DPR programs. DPR has a separate process to consider reduced household fees on an annual basis, which will continue to be offered to those in economic need based on the income scale published by the U.S. Department of Housing and Urban Development (HUD) for the region. The financial hardship is a separate process whereby households may apply for a hardship exemption for certain DPR offerings for a period of up to six months if that household has documented temporary financial hardships.

**PART I: REQUEST (Please check appropriate statement(s)).**

\_\_\_\_\_ I am unable to pay the full cost of fees associated with DPR programs on an ongoing basis and I have not yet applied for an annual fee reduction for my household (PLEASE COMPLETE ANNUAL FEE REDUCTION REQUEST PROCESS PRIOR TO REQUESTING HARDSHIP ASSISTANCE).

\_\_\_\_\_ My household has been granted a current annual fee reduction.

\_\_\_\_\_ **My household is currently experiencing a temporary economic issue and we are unable to pay the full cost for DPR programs. I am requesting that the household fee(s) be adjusted on a temporary basis for specific DPR offerings.**

Request: \_\_\_\_\_

Statement of reason: \_\_\_\_\_

**PART II: INCOME: Based on Current Financial Assessment**

Total Regular Monthly Income: \$ \_\_\_\_\_ Total Monthly Income Lost in Current Situation: \$ \_\_\_\_\_

Total change in monthly expenses (if applicable): \$ \_\_\_\_\_

Current Fee Reduction Level (if applicable) \_\_\_\_\_

**PART III: DPR PROGRAM OFFERINGS**

Please detail the requested household enrollments for DPR activities:

Program Name: \_\_\_\_\_ Season: \_\_\_\_\_ # of Participants \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ Season: \_\_\_\_\_ # of Participants \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ Season: \_\_\_\_\_ # of Participants \_\_\_\_\_ Fee \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ Season: \_\_\_\_\_ # of Participants \_\_\_\_\_ Fee \$ \_\_\_\_\_

I hereby attest that all the information I have listed is true and correct to the best of my knowledge.

Head of Household Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Division Approval: \_\_\_\_\_ Date: \_\_\_\_\_

**\*Please provide detail showing the cause and projected length of the economic hardship when this form is submitted.**

---

---

## THIS SECTION IS FOR OFFICIAL USE ONLY

---

---

### PART IV: REGISTRATION STAFF USE

Registration Staff Recommendation: \_\_\_\_\_

Verifying Registration staff name & signature: \_\_\_\_\_ Date: \_\_\_\_\_

Detail documents submitted: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### PART V: FINANCE OFFICE - COST OF SERVICES PER MONTH

Total Adjusted Monthly Income: \$ \_\_\_\_\_ Income Level \_\_\_\_\_ Current Fee Reduction Level \_\_\_\_\_

Using Services and Estimated number of services (units) per Month from PART II complete the following

Program Name: \_\_\_\_\_ # of Participants \_\_\_\_\_ x Cost of Program \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ # of Participants \_\_\_\_\_ x Cost of Program \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ # of Participants \_\_\_\_\_ x Cost of Program \$ \_\_\_\_\_

Program Name: \_\_\_\_\_ # of Participants \_\_\_\_\_ x Cost of Program \$ \_\_\_\_\_

Total Cost of Programs \$ \_\_\_\_\_

### PART VI: FINANCE OFFICE - RECOMMENDED FEE REDUCTION (SINGLE PROGRAM FEE REDUCTIONS ONLY)

Fee Reductions are based on Cost of Programs and Customer Income Level – Circle above the affected programs.

Fee Reduction Percentage Of Costs:	Fee Reduction- Calculated Client Fee:	Effective Date of Fee:	End Date of Fee:
_____	_____	_____	_____

### PART VII: FINANCE OFFICE - PAYMENT PLAN RESTRUCTURE. (Circle above the affected programs).

# of Published Program Payments: \_\_\_\_\_

# of Revised Program Payments: \_\_\_\_\_ Revised Date of Last Payment: \_\_\_\_\_

☐ Approved

☐ Denied

Completed by: \_\_\_\_\_

Date: \_\_\_\_\_

Finance Signature: \_\_\_\_\_

Date: \_\_\_\_\_