The City of Virginia Beach, Department of Parks and Recreation has made some changes to the department’s Fee Reduction Policy and Procedures to simplify our process, improve confidentiality, and conform to existing standards already in place with the Department of Human Services.

Effective July 1, 2014, the department will be working directly with the City’s Human Services Department to determine participant eligibility. In order to qualify for a reduced fee, applicants must be currently receiving one of the following benefits:

- SNAP (Supplemental Nutrition Assistance Program)
- TANF (Temporary Assistance for Needy Families)
- Section 8 Housing (Government Subsidized Housing Lease)
- SSI (Supplemental Security Income)
- Full Medicaid
- General Relief

Applicants will be required to submit a Reduced Fee Application, a Statement of Benefits or Proof of Full Medicaid Eligibility, and a Public Assistance Programs/Department of Human Services Confirmation Statement. **Note that effective July 1, 2014, the Department of Parks and Recreation will no longer accept bank statements, tax forms or other documentation to determine eligibility.**

Department of Parks and Recreation programs eligible for a reduced fee to approved Virginia Beach residents include:

- Annual Recreation Center Memberships (Month to Month memberships are not eligible)
- Licensed Early Childhood Programs
- School-Based Out-of-School Time Programs
- Learn to Swim – Levels 1-3 (including Therapeutics)
- Therapeutic Recreation (TR) Camps (including after school programs)
- Safety Camp
Date Application Completed:_____________________

Printed Name of Applicant:_________________________________________________________

Address: _________________________________________________________________________

City/State: ___________________________ Zip: _______________________

Phone: Home __________________________ Work/Emergency _________________________

<table>
<thead>
<tr>
<th>LIST ALL Family Members in the Household</th>
<th>Relationship to Applicant</th>
<th>Date of Birth</th>
<th>Requesting Reduced Fee?</th>
<th>Indicate Yes or No</th>
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Please provide a Statement of Benefit letter with the effective dates which will be used to determine automatic eligibility. A signed Public Assistance Program/DHS Confirmation Statement is required and must be attached to this application. Please circle the current benefit you are receiving from the list below:

A) SNAP (Supplemental Nutrition Assistance Program)
B) TANF (Temporary Assistance for Needy Families)
C) Section 8 (Government Subsidized Housing Lease)
D) SSI (Supplemental Security Income)
E) Full Medicaid
G) General Relief

I certify the information provided above is true to the best of my knowledge and belief. (NOTE: Reduced Fees expire a year from the date of approval and will be no more than 50% of total cost).

APPLICANT'S SIGNATURE ____________________ DATE SIGNED ____________

Conf. Statement Rev. 6/2014
PUBLIC ASSISTANCE PROGRAM/ DHS CONFIRMATION STATEMENT

This is to verify that: ____________________________________ is eligible for public assistance programs/benefits.

Printed Name of Applicant *

Waiver:
I authorize Human Services to release this information to the City of Virginia Beach Department of Parks and Recreation for the purpose of determining my eligibility for reduced fees.

Applicant’s Signature * _______________________________  _________________________

Date

* These two areas are required to be filled in by the applicant.

The Following Section Must Be Completed by Department of Human Services Staff:

<table>
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<tr>
<th>Please circle current benefit:</th>
<th>SSI</th>
<th>TANF</th>
<th>SNAP</th>
<th>Section 8</th>
<th>Full Medicaid</th>
<th>General Relief</th>
</tr>
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<tr>
<td>Other (please specify)</td>
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</table>

The eligibility period is: _____________________ to _______________________.

The total amount of annual Household Income, including Public Assistance is: _________________

The total number of Family Members living in the Household _____________________

___________________________________________  ________________________
Signature and Title                      Date

Print name: ________________________________

Phone: ________________________________

For P & R Staff Use Only:
Application Received by: ____________________  Date: __________
Application Approved by: ____________________  Date: __________
Application Entered by: ____________________  Date: __________