

City of Virginia Beach
Department of Parks and Recreation
Reduced Pricing Application Policy

The Virginia Beach Parks and Recreation Department offers reduced pricing for Virginia Beach residents who are currently receiving financial assistance through programs managed by the Department of Human Services and the Department of Housing. 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 are required to submit a Parks and Recreation Reduced Pricing Application, a current statement or Notice of Action of Benefits form from one of the 6 eligible programs listed above, and a signed Public Assistance Programs/Department of Human Services Confirmation Statement (which is attached). ***No other documentation will be reviewed to determine eligibility.***

The Department of Parks and Recreation programs eligible for a 50% reduced fee for approved Virginia Beach residents include:

- Recreation Center Annual Membership (Month to Month memberships are not eligible)
- Licensed Early Childhood Programs
- School-Based Out-of-School Time Programs/Camps
- Learn to Swim Levels 1-4 (including Therapeutics)
- Junior Lifeguard
- Therapeutic Recreation (TR) Camps (including after school programs)
- Safety Camp

Please note: the application review process may take up to 7-10 days to complete depending on the benefit information provided.

**City of Virginia Beach
Department of Parks and Recreation
Reduced Pricing Application**

Date Application Completed: _____

Printed Name of Applicant: _____

Email Address (required for account): _____

Street Address: _____ Va. Beach, Virginia Zip Code: _____

Home/Cell Phone: _____ Work/Alternate Phone: _____

List household members seeking reduced pricing <i>including</i> yourself	Relationship to Applicant	Date of Birth

Please provide a current Notice of Action of Benefits letter which will be used to determine eligibility. A signed Public Assistance Program / DHS Confirmation Statement must be provided (see reverse).

Please check all current benefits you are receiving:

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

Please check desired Parks & Recreation program:

- Annual Recreation Center Membership
- Learn to Swim (levels 1-4)
- Junior Lifeguard
- Therapeutic Recreation (TR) Camps / Programs
- School-Based Out-of-School Time Programs/Camps
- Licensed Early Childhood Programs
- Safety Camp

I certify the information provided above is true to the best of my knowledge. I understand the following: Reduced Fee eligibility expires one year from the date of approval; a new application must be submitted each year; and reduced fees provide a 50% reduction of the total cost of the eligible program or service.

Signature of Applicant: _____

Date Signed: _____

**Public Assistance Program
DHS Confirmation Statement**

This is to verify that _____ is currently receiving public assistance programs/benefits.
*Printed name of applicant **

Waiver: I authorize the Department of 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 for their program or service.

Applicant's Signature *

Date

*The two areas above must be completed by the applicant.

The following section must be completed by Department of Human Services :

Please circle current benefit the applicant receives:					
SNAP	TANF	Section 8	SSI	Full Medicaid	General Relief
Other please specify: _____					
The eligibility period is: _____ to _____					
The total number of eligible individuals living in the household: _____					
_____ Signature and Title of Human Services Employee			_____ Date		
Printed Name of Employee: _____					
Employee's Phone Number: _____					

For P&R Staff Use Only:

Application Reviewed By: _____

Date: _____

Application Approved By: _____

Date: _____

Application Entered By: _____

Date: _____