

**FEE REDUCTION POLICY  
FALLS CHURCH RECREATION AND PARKS DEPARTMENT**

The City of Falls Church Recreation & Parks Department encourages the use of our fee reduction program.

To request a fee reduction, submit this form and supporting documentation to Katharine Wakeley in-person at the Falls Church Community Center, or by email to [kwakeley@fallschurchva.gov](mailto:kwakeley@fallschurchva.gov). Language line interpreters are available. Fees should not be a barrier to participating in your local Recreation and Parks Department programs. We may also be able to assist with other barriers, such as providing needed equipment. Speak with Katharine about other ways we can help.

1. City residents only - Submit this form, 10% payment, and supporting documentation at the time of registration.  
\*Programs do fill- Be aware of registration dates & enroll early. If you need support with the 10%, please contact Katharine.

2. Supporting documentation is required and can be one of the following:
- Falls Church City Public Schools letter verifying eligibility of free or reduced lunch
  - Department of Family Services Woman, Infant, and Children Program (WIC)
  - Temporary Assistance to Needy Families (TANF) or Food Stamps (SNAP)
  - Qualifying letter from Department of Family Services employee in Child and Family or ID Services
  - Medicaid
  - Letter from the City of Falls Church Housing and Human Services verifying receipt of financial assistance.

*Only an individual (not family members) will qualify for fee reductions if one of the following is provided:*

- Supplemental Security Income (SSI)
- Social Security Disability (SSDI)
- Valid unemployment check or statement or a letter from the previous employer verifying unemployment.

If you qualify for a fee reduction but you are not currently receiving any services listed above, please submit proof of annual wages.

3. 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 household. Fee reduction amounts are based on the scale below:

**Household Size**

Fee	1	2	3	4	5	6	7	8
Pays 10%	\$0-\$27,700	\$0-\$31,894	\$0-\$40,182	\$0-\$48,470	\$0-\$56,758	\$0-\$65,046	\$0-\$73,334	\$0-\$81,622
Pays 40%	\$27,101-\$45,150	\$31,895-\$51,600	\$40,183-\$58,050	\$48,471-\$64,500	\$56,759-\$69,700	\$65,047-\$69,700	\$73,335-\$80,000	\$81,623-\$85,150
Pays 70%	\$45,151-\$57,650	\$51,601-\$65,950	\$58,051-\$74,100	\$64,501-\$82,300	\$69,701-\$88,900	\$69,701-\$95,500	\$80,001-\$102,100	\$85,151-\$108,650
No reduction	\$57,651 & up	\$65,851 & up	\$74,101 & up	\$82,301 & up	\$88,901 & up	\$95,501 & up	\$102,101 & up	\$108,651 & up

4. Applicants will be notified of approval or denial of their request within five business days. A 10% payment of the overall fees will be required upon submitting the application. If there is a remaining balance, it must be paid within 7 days of notification or before the first day of the activity, whichever comes first. If payment is not made in time, department staff may withdraw the participant from the program.

5. Requests must be made for specific programs. Multiple programs can be included on your form as long as they take place during the same season. A new Request for Fee Reduction application will be required each season when you apply for a program. Supporting documentation will only be required to be turned in once per calendar year.

6. All questions should be directed to Katharine Wakeley, Senior Administrative Assistant, Monday through Friday, 8:30am-5pm at (703) 248-5027 (TTY 711) or by email to [kwakeley@fallschurchva.gov](mailto:kwakeley@fallschurchva.gov)

**LIMITATIONS:**

- Adult sports and private lessons are not eligible for fee reduction.
- Each family member is limited to two contracted activities per brochure. Contracted activities will have an "Instructor" listed. There is no limit to in-house programs.

Policy of Non-Discrimination on the Basis of Disability

The City of Falls Church does not discriminate on the basis of disability in its employment practices or in the admission to, access to, or operations of its services, programs, or activities. Cindy Mester, 300 Park Avenue, Falls Church, Virginia 22046 has been designated to coordinate compliance with the ADA non-discrimination requirement.

# REQUEST FOR FEE REDUCTION

Submit this form, 10% payment, and supporting documentation at the time of registration.

\*Programs do fill. Be aware of registration dates and enroll early.

## Include payment of 10% of activity fee & Supporting Documentation

1. Supporting documentation – select and enclose one of the following:

- Falls Church City Public Schools letter verifying eligibility of free or reduced lunch
- Department of Family Services Woman, Infant, and Children Program (WIC)
- Temporary Assistance to Needy Families (TANF) or Food Stamps (SNAP)
- Qualifying letter from Department of Family Services employee in Child and Family or ID Services
- Medicaid
- Letter from the City of Falls Church Housing and Human Services verifying receipt of financial assistance.

*Only an individual (not family members) will qualify for fee reductions if one of the following is provided:*

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If you qualify for a fee reduction but you are not currently receiving any services listed above, please submit proof of annual wages.

1. Name of Parent/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Home Address: \_\_\_\_\_

2. Names, ages and gross yearly income of all family members in your household, including Parent/Guardian listed above. Use additional sheet of paper if needed. Do not include income for individuals 17 or younger.

Include wages, bonuses and commissions, interest and dividends, gross rental income, pensions, annuities, alimony/child support, public assistance, social security and any other income.

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Yearly Income: \_\_\_\_\_  None

3. Programs requesting fee reduction – use additional sheet of paper if needed:

Program: \_\_\_\_\_ Family Member: \_\_\_\_\_

Program: \_\_\_\_\_ Family Member: \_\_\_\_\_

Program: \_\_\_\_\_ Family Member: \_\_\_\_\_

Program: \_\_\_\_\_ Family Member: \_\_\_\_\_

Program: \_\_\_\_\_ Family Member: \_\_\_\_\_

4. Signature: I certify that all the information on this application is true and correct and that all income is reported.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

**OFFICE USE ONLY** Approved at Rate of: \_\_\_\_\_ OR Denied Signature of Director/Representative: \_\_\_\_\_