



## **Roanoke County Parks, Recreation and Tourism**

### **Application for Waiver or Reduction of Recreation Program Fees**

Attached is an application for waiver or reduction of recreation program class fees. The Parks and Recreation Department will provide a waiver or reduction of fees to residents who have demonstrated that they do not have the funds available to pay for the services. This provision will provide, on an annual basis, up to \$100 per person, not to exceed \$500 per family, as payment toward recreation programs offered by Roanoke County Parks, Recreation and Tourism. Trips, tours, or supplies not included in the class fee, and equipment costs are not eligible for this program.

To be considered, a completed application (attached), with **documentation** of the annual and/or unearned income for your household must be submitted. All information on your application will be kept confidential.

After review, you will be notified of the status of your application. If it is approved, you will be provided with "Recreation Dollars" (REC BUCKS), which can be used as payment when registering for the program of your choice. The Rec Bucks will be added to your account and then can be used toward upcoming activities.

It is a pleasure to provide leisure services for you and your family. Please call Therapeutic Recreation Services of the Roanoke Valley at 772-7529 ext. 2 if you have further questions.

Send completed application, with income documentation, to:  
**Therapeutic Recreation Services of the Roanoke Valley**  
**3738 Brambleton Avenue, SW**  
**Roanoke, Virginia 24018**

**COUNTY OF ROANOKE DEPARTMENT OF PARKS, RECREATION AND TOURISM**

**APPLICATION FOR WAIVER OR REDUCTION**  
**OF RECREATION FEES**

NOTE: Each member of the immediate family may be granted a waiver or fee reduction for a one year period.

1. Name of applicant: \_\_\_\_\_  
(Parent or Guardian): \_\_\_\_\_
2. Address (Home): \_\_\_\_\_  
City: \_\_\_\_\_ Zip: \_\_\_\_\_
3. Number of people residing in household: \_\_\_\_\_
4. Telephone Number: Work \_\_\_\_\_ Home \_\_\_\_\_
5. Are you a resident of Roanoke County? \_\_\_\_\_ Yes \_\_\_\_\_ No
6. Name of participant(s) if other than applicant: \_\_\_\_\_
7. Recreation Program of interest:  
Therapeutic Recreation Programs      General Recreation Programs
8. To determine eligibility:  
**(Please Attach Documentation of the following amounts):**
  - (1) Please attach copies of most recent Federal and State Income Tax Returns - For all members of family filing within the same household.
  - (2) Please attach a statement showing any other family earned income (For example: Overtime, Babysitting, Reserve Pay from the Military).
    - Parental, Care provider, or Participant income:  
Amount per month \$ \_\_\_\_\_
  - (3) List any unearned income (including lump sums) in spaces below:
    - Social Sec., SSI, SSDI, Railroad Retirement?  
Amount per month \$ \_\_\_\_\_
    - Child Support or Alimony Payments?  
Amount per month \$ \_\_\_\_\_
    - Unemployment Compensation?  
Amount per month \$ \_\_\_\_\_

Unearned Income (Continued):

- Education Grants, Loans, Scholarships or Work Study? Amount per month \$ \_\_\_\_\_
- Pensions? Amount per month \$ \_\_\_\_\_
- Contributions of money, food, or goods on a regular basis Amount per month \$ \_\_\_\_\_
- Interest payments and dividends? Amount per month \$ \_\_\_\_\_
- Auxiliary Grant: Amount per month \$ \_\_\_\_\_
  - Personal Allowance from Auxiliary Grant Amount per month \$ \_\_\_\_\_
- Any other source of regular income? Amount per month \$ \_\_\_\_\_

Signed: \_\_\_\_\_

Print Name: \_\_\_\_\_

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

When all information requested is complete, mail to:

Roanoke County Parks, Recreation, and Tourism  
Therapeutic Recreation Services of the Roanoke Valley  
Attention: Kristen Spencer  
3738 Brambleton Avenue, SW  
Roanoke, VA 24018

\*\*\*\*\*Official Use Only\*\*\*\*\*

Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_

Recommend approval of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Recommend denial of request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Amount of waiver or reduction: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_