

## Fairfax County School Age Child Care

12011 Government Center Pkwy., Suite 936, Fairfax, VA 22035 Phone: 703-449-8989 • Fax: 703-653-1304

### **Eligibility Requirements**

SACC is available to families who reside in Fairfax County or the City of Fairfax, and serves children in kindergarten through sixth grade, as well as children and youth ages 5 - 21 participating at Key and Kilmer Centers.

#### **Sliding Fee Information and Application**

SACC provides a sliding fee scale for families who are income eligible.

If your adjusted annual household income is less than \$132,500, you may be eligible for reduced child care fees.

Employment is not required for SACC program eligibility.

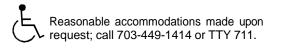
To apply for reduced fees, please:

- Complete the SACC Sliding Fee Application.
- Indicate Other Income including child support, alimony, Social Security, pension, unemployment benefits, disability, SSA/SSI benefits, etc.
- Indicate Participation in Other Programs Free or Reduced School Meals, Medicaid, Temporary Assistance for Needy Families (TANF), Food Stamps (SNAP), Virginia Initiative for Employment and Work (VIEW), Housing Choice Vouchers/ Housing Assistance.
- Indicate Other Circumstances Experiencing homelessness or residing in a shelter.

#### **Income Assessment Information**

- Provide a copy of the most recent pay stub for all adults in the household living together as a family who share
  income and expenses. Please complete an Employment Verification Form only if you do not receive pay stubs.
- Military Personnel In addition to basic pay, special allowances such as BAH, BAS, and CMA are considered earned income.
- Unemployed Please complete the Unemployment Verification Form.
- Self-Employed and Filed Taxes Please provide 1040, Schedule 1, and Schedule C.
- Return all forms via email to <a href="mailto:ncssaccregistration@fairfaxcounty.gov">ncssaccregistration@fairfaxcounty.gov</a> or fax to 703-653-1304. Information can also be mailed to the address on the form. Additional information and all forms are available on SACC's website, Registration | Office for Children (fairfaxcounty.gov).
- Additional documentation may be requested.
- Income Recertification Income recertification must be submitted as changes occur throughout the year. You
  must notify SACC Registration within 10 business days of any changes in income.
- For all questions concerning financial forms, please call SACC Registration at 703-449-8989.







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### 1. SACC Sliding Fee Application - Required

		PA	RENT/CHILD	INFORM	IATION	
Parent/Guardian 1						
First Name:	Last Name:		Date of Birth:		Cell #:	Work #:
Home Address:			City:		State:	Zip Code:
Email:					1	
Parent/Guardian 2						
First Name:	Last Name:		Date of Birth:		Cell #:	Work #:
Home Address:			City:		State:	Zip Code:
Email:						
Other Guardian/Contributing	Household	Member				_
First Name:	Last Name:		Relationship to Child:		Cell #:	Work #:
Email:						
Child/ren Information						
First and Last Name:				First and	Last Name:	
First and Last Name:					Last Name:	
		HOUS	EHOLD INC	OME INFO	RMATION	
		<b>/</b> 0	1		Gross Per Pay Period	Gross <u>ANNUAL</u> Total
Parent/Guardian 1's Salary	weekly	(Se	elect one)	monthly	\$	Line A \$
I am currently self-employed						
I am currently unemployed						
Parent/Guardian 2's Salary	П	П., ,,	П	Пал	Ф	Line B \$
-	<b>—</b> weekly	bi-weekiy	—semi-montnly	- montnly	\$	Line B \$
I am currently self-employed						
I am currently unemployed						
Alimony/Child Support	weekly	bi-weekly	semi-monthly	monthly	\$	Line C \$
Other Income (Please explain, source SSA/SSI benefits):			n, unemployment b		у,	Line D \$
GROSS ANNUAL HOUSE	HOLD INCO	<b>ME:</b> Line A	+ (plus) Line B +	- (plus) Line C	C + (plus) Line D	Line E \$



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### 2. Household Annual Deduction Information - Optional

Complete this section if you would like your household annual deductions to be reviewed.

DEDUCTION INFORMATION	
Number of Dependent Children (Birth – 6 <sup>th</sup> Grade)	Line F
Additional Annual Child Care Expenses (Birth – 6 <sup>th</sup> Grade, Statement of Account from child care provider required.) *Considerations will be given for children with disabilities who require continued child care after 6 <sup>th</sup> grade.	Line G \$
Medical Bills (Supporting documents required such as medical statements, receipt of payment etc.) *Medically necessary health care services requiring the care and treatment of an illness, injury, or pregnancy-related condition, and the condition of the care and treatment of an illness, injury, or pregnancy-related condition, and the care and treatment of an illness, injury, or pregnancy-related condition, and the care and treatment of an illness, injury, or pregnancy-related condition, and the care are careful to the care and treatment of an illness, injury, or pregnancy-related condition, and the care are careful to the careful	Line H \$and are not provided only as a convenience
Elder Care/Kin Care Expenses (Supporting documents required such as recurring expenses, care bills, etc.)	Line I \$
<u>Total Household Annual Deductions:</u> Line G + (plus) Line H + (plus) Line I	Line J \$
Total Adjusted Annual Household Income: Line E from page 1 - (minus) Line J	Line K \$
ADDITIONAL CIRCUMSTANCES OR PARTICIPATION IN OTHER	PROGRAMS
Participation in Other Programs Check all programs currently participating in:  Additional documentation required.	
	od Stamps (SNAP) her (please explain below)
3. Certification - Required	
I certify that the above income information is a true and accurate stateme status and composition of my household. I understand that giving inaccurate information may result in loss of eligibility for reduced fees and/or repays SACC Registration within 10 business days of any change in the information may result in loss of eligibility for reduced fees and/or repays the same of the same o	rate or erroneous ment. I will notify
Parent/Guardian Signature Date	





