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.

To apply for reduced fees please:

- Complete the **SACC Sliding Fee Application** (Section 1 and 3 must be completed.)
- Indicate any **Other Income** including – child support, alimony, Social Security, pension, unemployment benefits, disability, SSA/SSI benefits, etc. (Additional documentation is required.)
- Provide a copy of the most recent pay stub (within 30-60 days) for all adults in the household living together as a family who share income and expenses. (Additional documentation may be required.)
- Return all forms via email to ncssaccregistration@fairfaxcounty.gov or fax to 703-653-1304. Information can also be mailed to the address on the form.

Income Assessment Information

- **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.
- **Military Personnel** – In addition to basic pay, special allowances such as BAH, BAS, and CMA are considered earned income.
- **Self-Employed, Disabled, No Pay Stubs** – Additional documentation is required.
- **Unemployed** – Documentation confirming unemployment is required.
- **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. Additional documentation is required.
- **Other Circumstances** – Experiencing homelessness or residing in a shelter.

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1. SACC Sliding Fee Application - Required

PARENT/CHILD INFORMATION

Parent/Guardian 1

First Name:	Last Name:	Date of Birth:	Cell #:	Work #:
Home Address:		City:	State:	Zip Code:
Email:				

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:	First and Last Name:

SACC Account # (if known): _____

HOUSEHOLD INCOME INFORMATION

		Gross Per Pay Period	Gross ANNUAL Total
	(Select one)		
Parent/Guardian 1's Salary	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly	$ _____	**Line A** $_____
☐ I am currently unemployed			
Parent/Guardian 2's Salary	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly	$ _____	**Line B** $_____
☐ I am currently unemployed			
Alimony/Child Support	☐ weekly ☐ bi-weekly ☐ semi-monthly ☐ monthly	$ _____	**Line C** $_____

Other Income (Please explain, such as Social Security, pension, unemployment benefits, disability, SSA/SSI benefits): _____ **Line D** $_____

GROSS ANNUAL HOUSEHOLD INCOME: Line A + (plus) Line B + (plus) Line C + (plus) Line D **Line E** $_____

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2. Additional Household Annual Deduction Information - Optional

Complete this section if you would like additional deductions to be reviewed.

DEDUCTION INFORMATION

Number of Dependent Children (Birth – 6th Grade) **Line F** _____

Additional Annual Child Care Expenses (Birth – 6th Grade, Statement of Account from childcare provider required.)
Considerations will be given for children with disabilities who require continued childcare after 6th grade.* **Line G $_____

Recurring Medical Bills (Supporting documents required such as bills, medical statements, etc.) **Line H** $_____

Elder Care/Kin Care Expenses (Supporting documents required such as recurring expenses, care bills, etc.) **Line I** $_____

Total Household Annual Deductions: 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

Experiencing Homelessness or Residing in a Shelter ☐ Yes ☐ No

Participation in Other Programs Check all programs currently participating in:

Additional documentation required.

☐ 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 ☐Other (please explain below)

_____

_____

3. Certification - Required

I certify that the above income information is a true and accurate statement of the financial status and composition of my household. I understand that giving inaccurate or erroneous information may result in loss of eligibility for reduced fees and/or repayment. I will notify SACC Registration within 10 business days of any change in the information provided.

Parent/Guardian Signature: _____ Date _____