



ARLINGTON COUNTY FIRE DEPARTMENT

#1 Courthouse Plaza
2100 Clarendon Boulevard, Suite 400
Arlington, VA 22201

TEL 703.228.3361

www.arlingtonva.us

FAX 703.228.7097



Instructions for Completing the ACFD EMS Fee Waiver Form

The Arlington County Board has authorized the waiver of ambulance transport fees in certain limited circumstances where insurance, Medicaid is not available for reimbursement. To apply for a waiver, you will need to complete the attached form and provide the following written documentation for the situation that most directly applies to you:

1. **Natural or man-made disaster.** Please provide a written description of the event leading to the transport.
2. **An individual in Sheriff Department custody.** Please attach documentation such as a release or transport order. If you need a copy of an order, please call 703.228.4470 and speak to the Records Department of the Arlington County Sheriff's Office.
3. **Services at school or related activities for children under age of 18.** Provide documentation that a child for whom you are legally responsible is enrolled in a licensed pre-school-grade 12 in Arlington County. Include the name of the school as well as documentation that the child is under the age of 18, and that the incident leading to transport occurred at the school or school sponsored event. Include a copy of the first page of your most recent tax return demonstrating that the child is claimed as a dependent for tax purposes or a court order granting guardianship or custody.
4. **Enrollment in Arlington County Housing Grants or Real Estate Tax Relief Program.** Please provide documentation demonstrating such enrollment.
5. **Enrollment in an Arlington County Department of Human Services program.** Please provide documentation from DHS.
6. **Annual household income at or below the Housing Choice Voucher Program Income Determinations for Arlington County, VA (extremely low income limit)** The preferred documentation is the Virginia Hospital Center (or other hospital's) financial aid approval.

Housing Choice Voucher Program Definitions of % of Median Income					Income Limits Effective August 2025 (extremely low income limit)			
Household Size	1	2	3	4	5	6	7	8 or More
Income	\$34,450	\$39,350	\$44,250	\$49,150	\$53,100	\$57,050	\$60,950	\$64,900

We will also accept the following items as supporting documentation to assist in the review of your waiver request: (1) the first page of your most recent federal and/or state tax return; (2) you and any adult member of your household's last two pay stubs, (3) proof of SSDI disability enrollment, (4) Virginia Unemployment Commission letter, (5) homeless shelter letter, (6) letter verifying enrollment in Housing Choice Voucher Program.

You may redact (black out) any social security numbers from these documents.

Incomplete forms will not be processed. Our department may notify you within five (5) business days from the date received with a hardship determination response. Please mail the completed waiver form to the above address, attention "Ambulance Billing". If you have additional questions or concerns, please contact Brandi Valentine at 703-228-3361.



ARLINGTON COUNTY EMERGENCY MEDICAL SERVICES FEE WAIVER

NAME _____

ADDRESSES _____

TELEPHONE NUMBER _____

DATE OF TRANSPORT _____ CASE NUMBER _____

What is considered a request for transport fee waiver?

The County Board has authorized waiving transport fees when service is rendered (1) in connection with any natural or man-made disaster; (2) to an individual in Sheriff’s Department custody; (3) to services at school or related activities for children under age of 18; (4) to an individual enrolled in the Arlington County Housing Grants or Real Estate Tax Relief Program; (5) to an individual enrolled in an Arlington County Department of Human Services program; and (6) to an individual whose annual household income is at or below the Housing Choice Voucher Program Income Determinations for Arlington County, VA (extremely low income limit.) All transport fee waivers are subject to Fire Chief’s discretion. **NOTE: Without supporting documentation your request will not be processed.**

REASON FOR REQUEST: _____

I certify the above information is true and accurate to best of my knowledge.

Signature _____ Date _____

For assistance: call 703.228.3361

**Please return completed form to: Arlington County Fire Department Emergency Medical Services,
2100 Clarendon Blvd., Suite 400, Arlington, VA 22201**

FIRE DEPARTMENT USE ONLY

Approved _____ Not Approved / Reason _____

Date _____ Signature _____