



**Shenandoah County, Virginia**  
**Distance Learning Needs Assessment Application**  
**Coronavirus Aid Relief and Economic Security Act (CARES Act) 2020**

As a result of COVID-19 public health emergency and the needs associated with conducting distance learning, please complete this application in full to be eligible for a maximum of **\$400.00** per primary household. The application period will be from October 15, 2020 to December 15, 2020.

Date of Application: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_ Zip \_\_\_\_\_

**Please check the boxes below certifying that you meet the requirements to receive funding:**

By checking this box, I hereby certify that I am a current resident of Shenandoah County and that my school-age child(ren) is/are current residents of Shenandoah County.

Child Name \_\_\_\_\_ Age \_\_\_\_\_ Grade \_\_\_\_\_

By checking this box, I hereby certify that due to the COVID-19 public health emergency and the need for virtual learning or similar alternate education program as a result of the COVID-19 public health emergency my household has, or will incur, expenses related to conducting distance learning for the school-age child(ren) in my household.

By checking this box, I hereby certify that I am the parent or guardian of school-age child(ren) and that this/these child(ren) reside within my household. School-age children should be interpreted to be eligible for K-12 education in the fall of 2020.

By checking this box, I hereby certify that the school-age child(ren) utilize my household as the primary residence for purposes of school attendance.

- By checking this box, I hereby certify that I will utilize these funds to address distance learning needs as a result of the COVID-19 public health emergency. I further understand that providing false information will result in the withholding of CARES Act funding.
- By checking this box, I hereby certify that I have not received reimbursement for the expenses requested here from other sources, such as other Federal, State, local, or non-profit assistance. I further understand and agree to repay Shenandoah County for those expenses duplicated by this grant.

I hereby certify that the information above is correct to the best of my knowledge.

\_\_\_\_\_  
Name (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Grant recipients will receive their check by mail via the Shenandoah County Department of Social Services.

**Required Documentation Checklist:**

- Completed Application
- Copy of driver's license and/or other proof of residence (e.g., current utility bill)
- Copy of *each* child's registration form for 2020-2021, available electronically on Shenandoah County Public Schools (SCPS) Parent Portal (PowerSchool) (<https://www.shenandoah.k12.va.us/>)
- If child(ren) are attending a private school, a copy of the registration from the private school and/or other official record from the private school that denotes that the school-age child(ren) attends and the primary residence/household for the child(ren)
- If child(ren) are home-schooled or have obtained a religious exemption, a copy of the letter received from SCPS for those child(ren)

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FOR OFFICIAL USE

Verification of Shenandoah County residence \_\_\_\_\_  
 Verification of school-age child(ren) \_\_\_\_\_  
 Verification of residence/household for child(ren) \_\_\_\_\_