

**APPLICATION FOR FREE AND REDUCED SCHOOL BUS TRANSPORTATION
LAMORINDA SCHOOL BUS PROGRAM - 2011-2012 School Year**

Students from families with income at or below the levels shown below may be eligible for free or reduced price transportation:

HOUSEHOLD SIZE	FREE TRANSPORTATION Eligibility Scale					REDUCED TRANSPORTATION Eligibility Scale				
	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK	YEAR	MONTH	TWICE PER MONTH	EVERY TWO WEEKS	WEEK
1	\$ 14,157	\$ 1,180	\$ 590	\$ 545	\$ 273	\$ 20,147	\$ 1,679	\$ 840	\$ 775	\$ 388
2	19,123	1,594	797	736	368	27,214	2,268	1,134	1,047	524
3	24,089	2,008	1,004	927	464	34,281	2,857	1,429	1,319	660
4	29,055	2,422	1,211	1,118	559	41,348	3,446	1,723	1,591	796
5	34,021	2,836	1,418	1,309	655	48,415	4,035	2,018	1,863	932
6	38,987	3,249	1,625	1,500	750	55,482	4,624	2,312	2,134	1,067
7	43,953	3,663	1,832	1,691	846	62,549	5,213	2,607	2,406	1,203
8	48,919	4,077	2,039	1,882	941	69,616	5,802	2,901	2,678	1,339
For each additional family member, add:										
	\$ 4,966	\$ 414	\$ 207	\$ 191	\$ 96	\$ 7,067	\$ 589	\$ 295	\$ 272	\$ 136

A household of one means a child who is his or her sole support. Foster children are one-member households only if the welfare or the placement agency maintains legal responsibility for the child. Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution of boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Food Stamps, Kin-Gap, Or FDPIR benefits or children who are recipients of CALWORKS. Those children are automatically eligible for free meal benefits.

In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse, and any persons who are economically dependent on the adult participant. This scale does not apply to members of Food Stamp households, or recipients of Supplemental Security Income, Medicaid/Medi-Cal, or Food Distribution Program On Indian Reservations benefits. Those participants are automatically eligible for free meals.

1. **PARTICIPATING STUDENTS:** Please print the names of all of the students living with you that would like to participate in the Lamorinda School Bus Program:

Name of Student	Grade	School	Route #
1.			
2.			
3.			
4.			

2. **HOUSEHOLD INCOME:** Please print the names of ALL PERSONS residing at your address (other than the student(s) requesting free transportation.) Include yourself, your spouse, preschool children, children not attending school and anyone else in the household. *Do not list again the students whose names and schools appear in Question #1.* List ALL INCOME received last month by the person who received it. List each amount of income under the correct category. You must list the monthly gross income BEFORE all deductions for taxes, social security, etc. Include all jobs. Self-employed, seasonal workers and farmers: if you or a member of your household received higher or lower than usual income last month, please list your expected average monthly gross income.

Earnings from Work (Before deductions) Wages, salaries, tips, benefits, unemployment compensation, workers comp., net income from self-owned business or farm	Pensions, Retirement, Social Security Pensions, supplemental security income, retirement payments, Social Security	Welfare, Child Support, Alimony Public assistance payments, welfare payments, alimony, child support payments	Other Income Disability benefits, cash withdrawn from savings, interest or dividends, income from estates/trust/investments, regular contributions from persons not living in household
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Name	Earnings from Work	Pensions, Retirement, Social Security	Welfare, Child Support, Alimony	Other Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

3. VERIFICATION: Attach a copy of your most recent 1040 tax form for verification. If both parents reside together and file separately, include both forms.

4. SUMMARY

Total Number in household # _____
 Total Household Gross Income \$ _____ Yearly or Monthly or Twice Per Month or Every Two Weeks or Weekly
 (Please circle one above)

5. FOOD STAMPS/AFDC: If you are receiving aide, please fill in your case number below. Please be sure to include ALL the numbers (county code, aid code and case number).

FOOD STAMP Number: _____ AFDC Number: _____
 Other ID Number: _____ Case Worker and phone #: _____

6. SIGNATURE: *I hereby certify that all information contained in this application is true and correct and that all income is reported. I understand that any increase in income must be reported to the school bus office. I understand that this information is being given so that the school bus office can verify the information on the application.*

 Signature, Parent or Guardian

 Date

**Please return this form to:
 Lamorinda School Bus Program
 3675 Mt. Diablo Blvd., #255
 Lafayette, CA 94549**

Need help with the form? Call 925-299-3216