RESCUE UNION SCHOOL DISTRICT

APPLICATION FOR FREE AND REDUCED
PRICE TRANSPORTATION FEES
COMPLETE THIS APPLICATION AND RETURN IT
TO THE TRANSPORTATION DEPARTMENT
2460 White Oak Road
Rescue CA 95672
(530) 672-4310

Transportation Fees - DISTRICT USE ONLY:

Household Size_____Monthly Income _____

FS/Cal WORKS/FDPIR _____Free ____ Reduced Price_____ Denied _____

T e m p o r a r y Approval Until_____

Determining Official_____ Date_____

I. ALL HOUSEHOLD COMPLETE THIS SECTION

STUDENT/CHILD INFORMATION				FOOD STAMPS (FS), Cal WORKS, FDPIR Benefits		FOSTER CHILD	
First Name	Last Name	School	Grade	Yes/No	If yes, Case #	Yes/No	Income

II. HOUSEHOLD MEMBERS AND MONTHLY INCOME (Proof of all incomes required.)

List all adult household members and indicate the amount and source of MONTHLY INCOME each household member received last month. If any amount last month was more or less than usual, enter the usual monthly income.

First Name	Last Name	Gross Income (before deductions)	Pensions, Retirement, Social Security	Welfare Benefits, Child Support, Alimony Payments	Any Other Income	Total Monthly Income

III. ALL HOUSEHOLDS READ AND COMPLETE THIS SECTION

California Education Code Section 39807.5 Payment of transportation cost; amount of payment: The governing board shall exempt from these charges pupils and parents and guardians who are indigent or handicapped as set forth in rules and regulations adopted by the board. Children participating in the free or reduced price transportation program will not be overtly identified by the use of special tokens, special tickets, special identification, or any other means.

Privacy Act Statement: Unless your child's food stamp, Cal WORKS, or FDPIR case number is provided you must include the social security number of the adult household member signing the application or indicate that the household member signing the application does not have a social security number. Provision of a social security number is not mandatory, but if a social security number is not given or an indication is not made that the signer does not have such a number, the application cannot be approved. The social security number may be used to identify the household member in carrying out efforts to verify the correctness of the information stated on the application. These verification efforts may be carried out through program review, audits, and investigations and may include contacting employers to determine income, benefits, contacting the State employment security office to determine the amount of benefits received and checking the documentation produced by household members to prove the amount of income received. These efforts may result in a loss or reduction of benefits, administrative claims or legal actions if incorrect information is reported.

I certify that all of the above information is true and correct and that all income is reported. I understand that this information is given for the receipt of free or reduced price transportation services; that school officials may verify the information on the application and the misrepresentation of the information may subject me to prosecution under application State and Federal laws.

_____ _____ _____ _____

Signature of adult household member completing this form | Social Security Number | Household Size (Include self) | Date

Printed Name:_____Home Phone:_____Day Phone:_____

Mailing Address:_____City:_____CA Zip:_____