

LAKE TAHOE UNIFIED SCHOOL DISTRICT

**APPLICATION for FREE and REDUCED-BUS PASSES
for 2008-2009**

COMPLETE and RETURN THIS APPLICATION
TO TRANSPORTATION DEPARTMENT
1021 AL TAHOE BLVD
SO. LAKE TAHOE, CA 96150

FOR SCHOOL USE ONLY – ELIGIBILITY DETERMINATION			
HSHLD SIZE:		HSHLD INCOME: \$	
FREE:	REDUCED:	DENIED:	
YEAR RND TRACK:		FS / CalWORKs / KinGAP / FDPIR:	
TEMPORARY FREE UNTIL: (No more than 45 calendar days from date of determination)			
DETERMINING OFFICIAL:			DATE:

SECTION A. ALL HOUSEHOLDS COMPLETE THIS SECTION

STUDENT / CHILD INFORMATION			Food Stamp (FS), CalWORKs, KinGAP, or FDPIR Benefits		FOSTER CHILD		FOR SCHOOL USE ONLY
Last Name	First Name	School Name	Yes/ No	If YES, enter case number below:	Yes/ No	If YES, complete one application per Foster Child. Enter child's monthly personal-use income:	Student ID
1.							
2.							
3.							
4.							
5.							

If you entered a Food Stamp, CalWORKs, KinGAP, or FDPIR case number for **each** child in Section A, or if this application is for a Foster Child and you entered his/her monthly personal-use income, skip Section B and complete Section C.

SECTION B. HOUSEHOLD MEMBERS and THEIR MONTHLY INCOME (IF ANY)

(1) List all **adult** household members, regardless of income. (2) Indicate amount(s) and source(s) of income for those adult household members with income last month; (3) Enter any income received last month **by/for a child** from full-time or regular part-time employment, SSI, or Adoption Assistance payments; and (4), If amount last month was more/less than usual, enter the usual amount.

Full Name	Gross earnings from work before deductions; include all jobs	Pension, retirement, social security	Welfare benefits, child support, alimony payments	Any other monthly income	FOR SCHOOL USE ONLY
					TOTAL MONTHLY INCOME
1.					
2.					
3.					
4.					
5.					

SECTION C. ALL HOUSEHOLDS READ and COMPLETE THIS SECTION

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 Federal funds, that school officials may verify the information on the application, and that deliberate misrepresentation of the information may subject me to prosecution under applicable State and Federal laws.

Signature of adult household member completing this form:	Telephone Number: ()	Date:
Printed name of adult household member signing this application:	Social Security Number (write "none" if N/A):	
MAILING ADDRESS (WHERE YOU RECEIVE MAIL) :		
City:	State:	Zip Code:

SECTION D. CHILDREN'S RACIAL AND ETHNIC IDENTITIES (optional) This Institution is an Equal Opportunity Provider and Employer.

1. Mark one or more racial identities:	American Indian or Alaska Native	Asian	Black or African-American	Native Hawaiian or Pacific Islander	White
	2. Mark one ethnic identity:			Of Hispanic or Latino origin	Not of Hispanic or Latino origin

This is for Bus Passes Only, Not the Meal Program

This form & Transportation Application must