



# Jefferson Elementary School District – Transportation Department

## FREE OR REDUCED BUS APPLICATION

### 2018-2019 SCHOOL YEAR

Please complete all steps of the application and return to:  
Jefferson Elementary School District – Student Services  
1219 Whispering Wind Drive, Tracy, CA 95377  
Questions? Call us at (209) 835-3968

|                      |   |                          |                          |
|----------------------|---|--------------------------|--------------------------|
| OFFICE USE ONLY      |   |                          |                          |
| _____                | <input type="checkbox"/>                            | <input type="checkbox"/> | <input type="checkbox"/> |
| TTL HH Size          | Free  | Reduced                  | Denied                   |
| _____                | <input type="checkbox"/>                            | Proof of Income*         |                          |
| TTL Income           | *Statements & income for all adults<br>In household |                          |                          |
| _____                | _____   |                          |                          |
| Determining Official | Determining Date                                    |                          |                          |

**Privacy Act Statement:** requires that, unless your child’s SNAP, CalWORKs or FDPIR case number is provided, you must attach a copy of your 2017 Income Tax Return\*, and/or two current paycheck stubs from all adults residing in the home. Verification may include program reviews, audits, contacting employers to determine income, contacting the State’s Employment Development or local welfare offices to determine the amount of benefits received, and checking the documentation produced by household members to prove the amount of income received. Reporting incorrect information may result in being denied district paid transportation. (\*Income Tax Return must show student(s) dependent as an exemption)

#### SNAP and CalWORKs Information:

If you do not have a case number skip to Section 2 below. If you are receiving SNAP or CalWORKs, please enter case number below.

SNAP Case #: \_\_\_\_\_ CalWORKs Case # \_\_\_\_\_

#### LIST ALL CHILDREN IN THIS HOUSEHOLD (under 21 years of age):

|          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Total Number of **CHILDREN** in this household: \_\_\_\_\_

#### LIST ALL ADULTS IN THIS HOUSEHOLD AND THEIR TOTAL MONTHLY GROSS INCOME.

**DOCUMENTATION & PROOF OF INCOME IS REQUIRED. (COPIES MUST BE ATTACHED IN ORDER TO PROCESS APPLICATION)**

Write the names of those 21 years or older, and anyone else with income in the household, regardless of age.

- TWO CURRENT PAYCHECK STUBS AND ANY OTHER PROOF OF GROSS INCOME FOR ALL ADULTS AT HOME , OR
- 2017 INCOME TAX RETURN

|          |              |          |              |
|----------|--------------|----------|--------------|
| 1. _____ | \$/Mo: _____ | 4. _____ | \$/Mo: _____ |
| 2. _____ | \$/Mo: _____ | 5. _____ | \$/Mo: _____ |
| 3. _____ | \$/Mo: _____ | 6. _____ | \$/Mo: _____ |

Total Number of **ADULTS** in this household: \_\_\_\_\_

#### ALL MUST 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 transportation program will not be overtly identified by the use of special tokens, special tickets, special identification, or any other means.

**Confidentiality** You must include the social security number of the adult signing the application or indicate that the adult 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 residents 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 State offices to determine the amount of benefits received and checking the documentation produced by residents to prove the amount of income received. These efforts may result in a loss of benefits, administrative claims or legal actions if incorrect information is reported.

*I certify that all of the information on this application as well as on materials I have provided is true and correct and that all individuals and income is reported. I understand that this information is given for the receipt of free or reduced cost transportation services; that school officials may verify the information on the application and the misrepresentation of information may subject me to immediate termination of free or reduced transportation services as well as prosecution under applicable State and Federal laws.*

|  |                        |            |       |
|--|------------------------|------------|-------|
| _____  | _____                  | _____      | _____ |
| Signature of Adult Household Member Completing Application | Social Security Number | Home Phone | Date  |
| _____  | _____                  | _____      | _____ |
| Printed Name   | Total Household Size   | Cell Phone |       |

COMPLETE BOTH SIDES: ANY INCOMPLETE APPLICATIONS WILL BE RETURNED