

CHICO UNIFIED SCHOOL DISTRICT
Transportation Department
 2455 Carmichael Drive
 Chico, CA 95928
 (530) 891-3097
 (530) 891-3149 FAX

APPLICATION FOR FREE/REDUCED TRANSPORTATION 2008/09

 Parent/Guardian Name Home Phone Work Phone

 Street Address City Zip

FAMILY SIZE: _____ CHILDREN (under age 21) _____ ADULTS (age 21 and over)

INCOME VERIFICATION MUST BE INCLUDED WITH APPLICATION

Are you receiving Cash Aide?

YES You will need to obtain a "Passport to Services" from the Department of Employment & Social Services. You will also need to obtain a "Benefits Statement" from the Social Security Administration Office showing your earnings. Once you have both of these, bring this form along with the application for bus transportation to the Transportation Department for processing, please allow 3 days.

NO (a.) Each person contributing financially to the household will need to obtain a "Benefits Statement" from the Social Security Administration Office showing their earnings. Once you have obtained the Benefits Statements, bring them, along with this completed form and the completed "Annual Application for Transportation" to the Transportation Department for processing, please allow 3 days.
 or
 (b.) You will need to bring in your Income Tax Statement for 2007 (Form 1040).

Department of Employment & Social Services <u>Passport to Services</u> 2445 Carmichael Drive 879-3845 7:30 a.m. - 5 p.m. PICTURE I.D. REQUIRED

Social Security Administration Office <u>Statement of Benefits</u> 2035 Forest Avenue 345-5199 9 a.m. - 4 p.m. PICTURE I.D. REQUIRED

GROSS INCOME: List ALL income received last month on the same line with the person who received it. Examples of reportable income include: social security benefits, pensions, unemployment, worker's compensation, strike benefits, welfare, AFDC, ADC benefits, child support, alimony, interest, dividends and annuity income, etc. You must list the gross income BEFORE all deductions for taxes, social security, etc. Include ALL jobs. Self-employed and seasonal workers should list your average income.

Recipient's Name	List <u>ALL</u> Sources of Household Income (see above)	Currently Monthly Gross Amount
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
TOTAL FAMILY INCOME		\$ _____

I CERTIFY THAT ALL OF THE ABOVE INFORMATION IS TRUE AND CORRECT AND THAT ALL INCOME IS REPORTED. SCHOOL OFFICIALS MAY VERIFY THE INFORMATION ON THE APPLICATION.

 Signature of Parent/Guardian Today's Date _____