



MORELAND SCHOOL DISTRICT TRANSPORTATION DEPARTMENT



APPLICATION FOR FREE AND REDUCED PRICE HOME/SCHOOL TRANSPORTATION

PLEASE COMPLETE BOTH SIDES OF THIS FORM

HOUSEHOLD SIZE: CHILDREN _____ ADULTS _____ TOTAL NUMBER IN HOUSEHOLD _____
(under age 21) (age 21 and over)

LIST THE NAMES OF ALL CHILDREN IN YOUR HOUSEHOLD IN THE BELOW SECTION (UNLESS THEY HELP SUPPORT HOUSEHOLD):

Is this application for a foster child(ren)? YES () NO () If yes, contact your school for help with this application.

CHILDREN IN HOUSEHOLD

<u>Last Name</u>	<u>First Name</u>	<u>School</u>	<u>Grade/Homeroom</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Continue on reverse side



For school use only – Please do not write below this line



Total Household Size: _____ Total Income: \$_____ () Monthly () Annual OR () Food Stamp Household
 Eligibility Determination: () Approved Free () Approved Reduced Price () Denied
 Reason for Denial: () Income Too High () Incomplete Application () Other (Reason): _____
 Date Notice Sent: _____ Signature of Determining Official: _____ Date: _____

PRIVACY ACT INFORMATION – SOCIAL SECURITY NUMBERS:

Federal law (P.L. 97.35) requires you to list social security numbers of all adult household members before your child may receive free or reduced-price transportation. You do not have to give social security numbers, but if you have a social security number and you refuse to list it, your child cannot receive free or reduced-price transportation. The social security numbers may be used to identify you for verifying the information you report on this application. Verification may include audits, investigations, contacting the State Employment Security Office, food stamp office, and employers, and checking the written information provided by the household to confirm the information received. If incorrect information is discovered, a loss of benefits or legal action may occur. These facts must be told to all household members whose social security numbers are reported on this form.

Print the social security number of each adult age 21 or older. If an adult does not have a social security number, print “none” next to their name (see Privacy Act Information).

INCOME: List ALL income received last month on the same line with the person who received it. List each amount of income under the correct title. You must list the gross income BEFORE all deductions for taxes, social security, etc. Include all jobs.

FARMERS, SELF-EMPLOYED AND SEASONAL WORKERS: If you or a member of your household received higher or lower than usual income last month, please list your expected average monthly income.

LIST THE NAMES OF ALL ADULTS IN HOUSEHOLD (AGE 21 AND OVER, PLUS ANY CHILDREN WHO HELP SUPPORT HOUSEHOLD):

Names of Adults/ Household Supporters Last name, First name	Social Security Number	Total Earnings from work (Before Deductions) Include all jobs.	Social Security, Pensions, Retirement	Unemployment/ Worker’s Comp., Strike Benefits	Welfare (AFDC), Child Support, Alimony	All Other Monthly Income
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$
		\$	\$	\$	\$	\$

Total Household Monthly Income before deductions: \$ _____

NAME AND ADDRESS

Print Name

Street Apt. No.

Home Phone No. Work Phone No.

City State ZIP Code

I understand that all of the above information is true and correct and that all income is reported. I understand that this information is being 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 Parent

Date