

WEST SONOMA COUNTY SCHOOLS
Free and Reduced Price Bus Pass Information

Application Process:

To get a free or reduced price bus pass, carefully complete the attached application, sign it and return it to the West County Transportation Agency office as soon as possible. All information contained in the application is confidential.

Mailing Address:

West County Transportation Agency
367 West Robles Ave.
Santa Rosa, CA 95407

AFDC and Food Stamp Households:

If you now get food stamps or AFDC for your child, complete Section A with the child's name, and your AFDC or food stamp case number.

All other income households (wages, salary, pensions, etc.)

If you do not receive food stamps or AFDC for your child, complete section B. List the names of the children and schools they attend. List the names of other children who do not go to school & list names of adults (21 & over) and the amount and source of monthly income. An adult household member must sign the application in section C.

Foster or Institutionalized Children:

For Foster or institutionalized children answer yes to the question in section B. Use one application per child that is the legal responsibility of the welfare agency or the court. Write the name of the child and the school they attend & monthly income the child receives. If the child is living with relatives or friends & not a ward of the court, or welfare agency, section B should be completed as an income household with all members listed.

Changes in Income:

You may re-apply throughout the school year should your income decrease. You must inform us at (707) 206-9988 Ext. 18 if your income increases \$50 per month or more.

WEST SONOMA COUNTY SCHOOLS
APPLICATION FOR FREE OR REDUCED BUS PASS

SECTION A: HOUSEHOLDS ON FOOD STAMPS or AFDC ONLY

1. List the names of the children eligible for Food Stamps or **AFDC**:

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

2. Write the **Food Stamp** or **AFDC** case number:

Food Stamp#: _____ **AFDC#:** _____

3. Go to Section C and sign the Application.

Note: We will randomly check Food Stamp and AFDC Cases.

SECTION B: ALL OTHER HOUSEHOLDS

1. Is this request for a foster child? YES _____ NO _____

2. List the names of the children from your household in school

	Last Name	First Name	School	Grade
1.	_____			
2.	_____			
3.	_____			

3. List the names of the children in the household not in school

	Last Name	First Name	Last Name	First Name

4. List the names of **ALL** adults 21 years or older plus anyone else supporting the household and their income sources.

Last Name	First Name	Monthly Gross Earnings Including Pension, Welfare, & ALL Other Income
_____	_____	: _____
_____	_____	: _____
_____	_____	: _____

SECTION C: I understand that the information on this form is true and correct. I certify that the Food Stamp number or AFDC number is correct and all income is reported. I understand that school officials may verify the information on the application and that deliberate misrepresentation of the information may subject me to prosecution.

Signature of adult household member: _____

Mailing Address: _____ **City:** _____ **Zip:** _____

Physical Address (if different): _____

Home Telephone: _____ **Work Telephone:** _____

Employer: _____ **Address:** _____

School Bus Route or Stop Location: _____

For Official Use Only

AFDC ___ FS ___ FREE ___ REDUCED ___ APPROVED ___ DENIED ___ DATE _____