

**APPLICATION FOR FREE OR REDUCED SCHOOL BUS TRANSPORTATION
LAMORINDA SCHOOL BUS PROGRAM
2019-20 School Year**

Please see tables on the last page for Eligibility Scales

PARTICIPATING STUDENTS: Please list all students living with you that would like to participate in the Lamorinda School Bus Program:

Names of Students	Grade	School	Route #
1.			
2.			
3.			
4.			

HOUSEHOLD INCOME: Please print the names of ALL PERSONS residing at your address (other than the student(s) requesting free transportation.) Include yourself, your spouse, preschool children, children not attending school and anyone else in the household. List ALL INCOME received last month by the person who received it. List each amount of income under the correct category. You must list the monthly gross income BEFORE all deductions for taxes, social security, etc. Include all jobs. Self-employed, seasonal workers and farmers: if you or a member of your household received higher or lower than usual income last month, please list your expected average monthly gross income.

Earnings from Work
(Before deductions)

Wages, salaries, tips, benefits, unemployment compensation, workers comp., net income from self-owned business or farm

Pensions, Retirement, Social Security

Pensions, supplemental security income, retirement payments, Social Security

Welfare, Child Support, Alimony

Public assistance payments, welfare payments, alimony, child support payments

Other Income

Disability benefits, cash withdrawn from savings, interest or dividends, income from estates/trust/investments, regular contributions from persons not living in household

Name	Earnings from Work	Pensions, Retirement, Social Security	Welfare, Child Support, Alimony	Other Income
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

VERIFICATION: Attach a copy of your most recent 1040 tax form for verification. If both parents reside together and file separately, include both forms. * See eligibility scales for exceptions.

SUMMARY

Total Number in household # _____
Total Household Gross Income \$ _____ Yearly, Monthly or Twice Monthly, Every Two Weeks or Weekly (Please circle one)

FOOD STAMPS/other aid: If you are receiving aid, please fill in your case number below. Please be sure to include ALL the numbers (county code, aid code and case number).

FOOD STAMP Number: _____
Other Aide ID Number: _____ Case Worker and phone #: _____

SIGNATURE: *I hereby certify that all information contained in this application is true and correct and that all income is reported. I understand that any increase in income must be reported to the school bus office. I understand that this information is being given so that the school bus office can verify the information on the application.*

Signature, Parent or Guardian

Date

Phone

Email

Please return this form to:
Lamorinda School Bus Program
3675 Mt. Diablo Blvd., #255
Lafayette, CA 94549 925-299-3216

Please see tables on next page for Eligibility Scales

Income Eligibility Scales – 2019-2020, Lamorinda School Bus Program

Effective July 1, 2019, through June 30, 2020, participants from households with incomes at or below the following levels may be eligible for free or reduced-price meals or free milk. **Note:** The new income calculations are based on annual figures and the following formulas: Monthly = annual income divided by 12; Twice Per Month = annual income divided by 24; Every Two Weeks = annual income divided by 26; and Weekly = annual income divided by 52. All dollar amounts are rounded up to the next whole dollar.

Free Eligibility Scale – School Bus Transportation

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$16,237	\$1,354	\$677	\$625	\$313
2	\$21,983	\$1,832	\$916	\$846	\$423
3	\$27,729	\$2,311	\$1,156	\$1,067	\$534
4	\$33,475	\$2,790	\$1,395	\$1,288	\$644
5	\$39,221	\$3,269	\$1,635	\$1,509	\$755
6	\$44,967	\$3,748	\$1,874	\$1,730	\$865
7	\$50,713	\$4,227	\$2,114	\$1,951	\$976
8	\$56,459	\$4,705	\$2,353	\$2,172	\$1,086
For each additional family member, add:	\$5,746	\$479	\$240	\$221	\$111

Household is synonymous with family and means a group of related or unrelated individuals who are not residents of an institution or boarding house, but who are living as one economic unit sharing housing and all significant income and expenses. This scale does not apply to households that receive Supplemental Nutrition Assistance Program (SNAP) benefits—known as CalFresh in California, Food Distribution Program on Indian Reservations (FDPIR) benefits, or children who are recipients of Temporary Assistance for Needy Families—known as CalWORKs in California. Those children are automatically eligible for free transportation.

In the Adult Care Component of the Child and Adult Care Food Program, a household includes the adult participant and, if residing with the participant, the spouse as well as any persons who are economically dependent on the adult participant. This scale does not apply to members of SNAP households, or recipients of Supplemental Security Income, Medicaid (known as Medi-Cal in California), or FDPIR benefits. Those participants are automatically eligible for free transportation.

Reduced-price Eligibility Scale – School Bus Transportation

Household Size	Annual	Monthly	Twice Per Month	Every Two Weeks	Weekly
1	\$23,107	\$1,926	\$963	\$889	\$445
2	\$31,284	\$2,607	\$1,304	\$1,204	\$602
3	\$39,461	\$3,289	\$1,645	\$1,518	\$759
4	\$47,638	\$3,970	\$1,985	\$1,833	\$917
5	\$55,815	\$4,652	\$2,326	\$2,147	\$1,074
6	\$63,992	\$5,333	\$2,667	\$2,462	\$1,231
7	\$72,169	\$6,015	\$3,008	\$2,776	\$1,388
8	\$80,346	\$6,696	\$3,348	\$3,091	\$1,546
For each additional family member, add:	\$8,177	\$682	\$341	\$315	\$158