

WEST J. SUMNERA COUNCIL SERVICES
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: _____

AFDC FS FREE REDUCED APPROVED DENIED DATE _____

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