



Illinois State Board of Education

100 North First Street, E-222
Springfield, Illinois 62777-0001

HOMELESS TRANSPORTATION PLAN/ COST-SHARING AGREEMENT

WELLNESS DEPARTMENT

DISTRICT NAME AND NUMBER		DATE
ADDRESS (Street, City, State, ZIP Code)		TELEPHONE (Include Area Code) FAX (Include Area Code)
MCKINNEY-VENTO LIAISON NAME		EMAIL
NAME OF STUDENT	GRADE	SCHOOL OF ATTENDANCE
CURRENT ADDRESS		TELEPHONE (Include Area Code)
NAME OF STUDENT	GRADE	SCHOOL OF ATTENDANCE
CURRENT ADDRESS		TELEPHONE (Include Area Code)
NAME OF STUDENT	GRADE	SCHOOL OF ATTENDANCE
CURRENT ADDRESS		TELEPHONE (Include Area Code)

Name of Caregiver: _____ Unaccompanied Youth: youth who is not in physical custody of parent or guardian

Please check the appropriate box for living arrangements:

- Doubled-up Shelter Train or bus station, park, or in a car
 Hotel/motel, camping ground or other similar situation
 Disaster victim Explain: _____

Is there a current Order of Protection or No Contact Order which concerns this student? Yes No

Transportation options considered:

- District provided transportation No transportation is needed Taxi
 CTA Bus Pass Outside Contractor Other: _____
 Metra Train Pass Parent Gas Card
 Public Transportation

Bid Information: _____

The District(s) intend to provide transportation in the following manner: _____

Daily Arrangements: _____ Estimated daily cost: \$ _____

Date McKinney-Vento transportation will begin: _____ Date to review transportation needs: _____
(mm/dd/yyyy) (mm/dd/yyyy)

Digital or Original Signature of McKinney-Vento Liaison

Date

Digital or Original Signature of McKinney-Vento Liaison for Resident District

Date