

ILLINOIS STATE BOARD OF EDUCATION

Accountability Division
100 North First Street, E-230
Springfield, Illinois 62777-0001

Illinois McKinney-Vento Homeless Transportation Fund - Request for Funds Form

DISTRICT NAME AND NUMBER TELEPHONE (Include Area Code) DATE

REQUESTED BY HOMELESS LIAISON

Table with 3 columns: Name of Child/Children, Grade Level, School Attendance Center

This child/children meets the definition of homeless under NCLB Title X, Part C McKinney-Vento Homeless Education Act.

Original Signature of Homeless Liaison Date

Homeless Transportation Plan. Our district intends to provide transportation in the following manner:

Empty box for Homeless Transportation Plan details.

Date Homeless Transportation will being: Transportation Plan approved by school official: Original Signature of Authorized Representative

Emergency Transportation Funds are being requested for the following reason(s):

- Parent gas card needed until school bus route is established
Temporary transportation necessary to enroll student(s)
Family not on a school bus route
Other: provide specific information about the situation and a contact name for the LEA Lead Liaison to gather additional information necessary to complete this request.
No transportation is available
No bus route available
Short term bus pass needed

Empty box for additional information regarding emergency transportation.

Amount of Funding Requested: \$ Date Needed:

(Short term is defined as up to 5 days with clear substantiation regarding the beginning of the long term transportation plan and how it will be accomplished. This emergency transportation fund will not supplant any school district's responsibility for providing transportation per the McKinney-Vento Act and funds will be for one time emergency assistance only. No long term transportation plans will be funded from this Transportation Bank.)

Approved Date: Approval granted by: Original Signature of Authorized Representative

Not Approved Date:

Reason(s) for non approval of this request:

Empty box for Reason(s) for non approval.

Recommendations (if any):

Empty box for Recommendations.

CC: Response to School District Homeless Liaison LEA Lead Liaison Bookkeeper Other:

Space for customizing with Area LEA Lead information.

Empty box for customizing with Area LEA Lead information.