



# Illinois State Board of Education

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

## HOMELESS TRANSPORTATION PLAN/ COST-SHARING AGREEMENT

### REGULATORY SUPPORT AND WELLNESS DIVISION

DISTRICT NAME AND NUMBER		DATE
ADDRESS (Street, City, State, Zip Code)		TELEPHONE (Include Area Code) FAX (Include Area Code)
MCKINNEY-VENTO LIAISON NAME		E-MAIL
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)

\_\_\_\_\_  
**Original** Signature of McKinney-Vento Liaison

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of McKinney-Vento Liaison for Resident District

\_\_\_\_\_  
Date