



Illinois State Board of Education

100 North First Street, E-240
Springfield, Illinois 62777-0001

MCKINNEY-VENTO HOMELESS EDUCATION REQUEST FOR TRANSPORTATION FUNDS

ROE/ISC SERVICE CENTER DEPARTMENT

DISTRICT INFORMATION

DATE	HOMELESS LIAISON	
SCHOOL DISTRICT NAME AND NUMBER	SCHOOL NAME	
NAME OF CONTACT	TELEPHONE (Include Area Code)	E-MAIL

STUDENT INFORMATION

STUDENT NAME	GRADE LEVEL	SCHOOL ATTENDANCE CENTER

This child/children meet(s) the definition of homeless under ESSA, Title IX, Part A McKinney-Vento Homeless Education Act.

Original Signature of Homeless Liaison

Date

HOMELESS TRANSPORTATION PLAN

Our district intends to provide transportation in the following manner:

Homeless Transportation Start Date _____

Original Signature of Superintendent or Authorized Representative

Date

EMERGENCY TRANSPORTATION FUNDS

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

- | | |
|---|---|
| <input type="checkbox"/> Parent gas card needed until school bus route is established | <input type="checkbox"/> No transportation is available |
| <input type="checkbox"/> Temporary transportation necessary to enroll student(s) | <input type="checkbox"/> No bus route available |
| <input type="checkbox"/> Family not on a school bus route | <input type="checkbox"/> Short term bus pass needed |
| <input type="checkbox"/> Other (Provide specific information about the situation and a contact name for the Area Lead Liaison to gather additional information necessary to complete this request.) | |

Amount of Funding Requested: \$ _____

Date Needed: _____

(Short term is defined as up to 5 days with 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. Funds will be for one-time emergency assistance only. No long term transportation plans will be funded from this Transportation Bank.)

Approved Not Approved

Original Signature of District Superintendent or Authorized Representative

Date

Reason(s) for non-approval of this request:

Recommendations (if any):

cc: Response to School District Homeless Liaison Area Lead Liaison Bookkeeper Other