

**FOSTER CARE STUDENT TRANSPORTATION PLAN**

Student's Name			State ID	
Gender		DOB	Grade	
Current School			Phone	
Case Manager			Phone	
Date of Meeting			Location	

**Check all determined transportation options:**

- Existing bus route
- Modified bus route
- Specialized transportation
- County car
- District vehicle
- Contracted transportation
- Public transportation
- Foster parent/designated caregiver
- Agency vehicle
- Other

Transportation for the student will be provided in the following manner:

**Check how all determined transportation is funded:**

- CWA agrees to pay
- LEA agrees to pay
- Eligible under Title IV-E
- CWA agrees to reimburse foster parents
- LEA and CWA agree to share the costs
- School of origin and other district agree to share costs
- Other

If applicable, describe in detail the cost sharing arrangement:

- Dispute resolution: The local CWA and District cannot resolve transportation mode or cost.**
- This transportation arrangement will be maintained through the end of the school year in order to maintain the student's educational stability.**

**All questions or changes to the plan must be directed to [Name], the District Foster Care Point of Contact, at [Address, City, State, Zip, Email address and Phone number].**

Authorized Signatures:

Transportation Plan Attendance (Print Name)	Title or Relationship to Foster Child	Signature	Agree with Determination? (Circle)	
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No
			Yes	No