



**NYS-TEACHS**

## **Runaway and Homeless Youth Transportation Reimbursement Instructions**

If an unaccompanied youth is temporarily residing in a Runaway and Homeless Youth (RHY) shelter, it is the facility's responsibility to transport the student to the school of origin (*N.Y. Education Law § 3209(4)(b)*). Oftentimes, however, the shelter is unable to provide transportation because of a lack of resources. In this case, the school district is required to provide transportation and is eligible for 100% reimbursement for such transportation costs as indicated on the RHYA Transportation Form (*N.Y. Education Law § 3209(4)(c, e)*). You should complete and submit this form to NYSED on behalf of students for whom your district is providing transportation while the students are temporarily residing in an RHY facility in another school district.

Please submit the RHYA Transportation Form (see next page) to:

Nancy Chacoa

NYSED

P.O. Box 7256

Albany, NY 12224

With the completed form, include a cover letter with your school district's federal ID number and the address where the reimbursement check should be sent.

## RHYA TRANSPORTATION PROGRAM

AGENCY NAME \_\_\_\_\_

SCHOOL DISTRICT \_\_\_\_\_

MONTH/YEAR \_\_\_\_\_

PROGRAM NAME \_\_\_\_\_

OF PROGRAM \_\_\_\_\_

COUNTY/BOROUGH \_\_\_\_\_

(1) CHECK NUMBER	PAYEE NAME	YOUTH (USE INITIALS)	DESTINATION SCHOOL/DISTRICT	NUMBER OF DAYS	UNIT COST	SERVICE PERIOD	GROSS AMOUNT OF CHECK
(2) CHECK DATE	TYPE OF TRANSPORTATION (PUBLIC YELLOW BUS, TAXI, AGENCY)	# OF YOUTH	# OF MILES ONE-WAY	OR ROUND TRIPS	AND BASIS	From To	AMOUNT CHARGED TO SED
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							
(1)							
(2)							

I CERTIFY THAT THE STUDENTS LISTED ABOVE WERE IN ATTENDANCE IN THE IDENTIFIED SCHOOL DISTRICT DURING THE NOTED SERVICE PERIOD.

TOTAL CHARGED TO SED	
----------------------	--

SIGNATURE \_\_\_\_\_  
SCHOOL DISTRICT ATTENDANCE OFFICER OR DESIGNEE

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

I CERTIFY THAT THE EXPENSES LISTED ABOVE ARE JUST, TRUE AND CORRECT, THAT THEY ARE APPROPRIATELY DOCUMENTED, THAT THEY HAVE NOT BEEN PREVIOUSLY CLAIMED. THAT ALL COSTS CLAIMED ARE FOR PUPIL TRANSPORTATION OF A HOMELESS CHILD IN ACCORDANCE WITH SECTION 3209 OF THE STATE EDUCATION LAW. RESIDING IN THE SHELTER, AND THAT SUCH EXPENSES REFLECT THE MOST COST BENEFICIAL MODE OF TRANSPORTATION AVAILABLE. IF AN AUDIT OF THE PROGRAM REVEALS THAT THIS STATEMENT IS UNTRUE, ANY REIMBURSED QUESTIONED COSTS MUST BE RETURNED TO THE STATE EDUCATION DEPARTMENT.

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

PHONE \_\_\_\_\_

PRINT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

INSTRUCTIONS FOR RHYA TRANSPORTATION PROGRAM CLAIM FORM

AGENCY NAME  
PROGRAM NAME  
SCHOOL DISTRICT OF PROGRAM  
MONTH/YEAR  
COUNTY/BOROUGH

INCORPORATED NAME OF THE RHYA FACILITY INCURRING COSTS  
NAME OF THE PROGRAM INCURRING THE TRANSPORTATION COSTS  
NAME OF THE SCHOOL DISTRICT WHERE THE FACILITY IS LOCATED  
MONTH(S) WHEN COSTS WERE INCURRED  
COUNTY OR BOROUGH IN WHICH THE FACILITY IS LOCATED

FOR EACH EXPENDITURE INCURRED AND PAID, THE FOLLOWING INFORMATION MUST BE SUPPLIED.  
USE TWO LINES FOR EACH CHECK WRITTEN. THE INFORMATION REQUESTED ABOVE THE LINE SHOULD BE ENTERED ON  
THE FIRST LINE AND THE INFORMATION REQUESTED BELOW THE LINE SHOULD BE ENTERED ON THE SECOND LINE.

ALL EXPENSES MUST BE PAID FOR BY CHECK EITHER WRITTEN TO THE PROVIDER OR TO A PETTY CASH CUSTODIAN.

CHECK NUMBER  
CHECK DATE  
PAYEE NAME  
TYPE OF TRANSPORTATION  
YOUTH  
# OF YOUTH  
DESTINATION SCHOOL DISTRICT  
# OF MILES ONE-WAY  
NUMBER OF DAYS OR ROUNDTRIPS  
UNIT COST AND BASIS  
SERVICE PERIOD TO/FROM  
GROSS AMOUNT OF CHECK  
AMOUNT CHARGED TO SED

PREPRINTED CHECK NUMBER USED  
DATE OF CHECK  
NAME OF VENDOR OR PERSON TO WHOM CHECK WAS MADE PAYABLE  
INDICATED TYPE (PUBLIC, YELLOW BUS, TAXI, AGENCY VEHICLE, ETC.)  
ENTER INITIALS OF EACH TRANSPORTED  
ENTER NUMBER OF YOUTH TRANSPORTED AND PAID FOR WITH THIS CHECK  
NAME OF SCHOOL DISTRICT TO WHICH YOUTH IS TRANSPORTED  
NUMBER OF MILES FROM FACILITY TO DESTINATION SCHOOL  
INDICATE NUMBER OF DAYS OR ROUNDTRIPS THIS CHECK COVERS  
USE ONLY WHEN TRANSPORTATION COST IS BASED ON # OF TRIPS AND PRICE/TRIP  
THIS SHOULD INDICATE DAY OR DAYS OF SERVICE PROVIDED  
PLEASE INDICATE FULL AMOUNT OF CHECK WRITTEN  
INDICATE AMOUNT ACTUALLY CHARGED FOR REIMBURSEMENT