



Runaway and Homeless Youth Transportation Reimbursement Instructions

If an unaccompanied youth is temporarily residing in a Runaway and Homeless Youth (RHY) shelter located outside of the school district of attendance, it is the facility's responsibility to transport the student to the school of origin (*N.Y. Education Law § 3209(4)(b)*). In such cases, the RHY facility is eligible for 100% reimbursement for such costs as indicated on the RHYA Transportation Form. Oftentimes, however, the shelter is unable to provide transportation because of a lack of equipment or resources. In these cases, the school district is required to provide transportation and is eligible for 100% reimbursement. (*N.Y. Education Law § 3209(4)(c, e)*). The agency providing the transportation (i.e. the RHY shelter or the school district) should complete and submit the following form to NYSED.

The completed form should be sent to:

Nancy Chacho
NYSED
P.O. Box 7256
Albany, NY 12224

With the completed form, include a cover letter with:

- The federal ID number of the RHY shelter or school district,
- the address where the reimbursement check should be sent,
- the name of the RHY shelter,
- the address of the RHY shelter,
- contact information for the Director of the RHY shelter, and
- an assurance that the facility where the student resides is a runaway and homeless youth shelter, only for cases where the school district is submitting the form on its own behalf.

RHYA TRANSPORTATION PROGRAM

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

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

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

INCORPORATED NAME OF THE RHVA FACILITY INCURRING COSTS
NAME OF THE PROGRAM INCURRING 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

REPRINTED 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