

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:

- | | |
|---|---|
| <input type="checkbox"/> Existing bus route | <input type="checkbox"/> Contracted transportation |
| <input type="checkbox"/> Modified bus route | <input type="checkbox"/> Public transportation |
| <input type="checkbox"/> Specialized transportation | <input type="checkbox"/> Foster parent/designated caregiver |
| <input type="checkbox"/> County car | <input type="checkbox"/> Agency vehicle |
| <input type="checkbox"/> District vehicle | <input type="checkbox"/> Other |

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

Check how all determined transportation is funded:

- | | |
|---|---|
| <input type="checkbox"/> CWA agrees to pay | <input type="checkbox"/> LEA and CWA agree to share the costs |
| <input type="checkbox"/> LEA agrees to pay | <input type="checkbox"/> School of origin and other district agree to share costs |
| <input type="checkbox"/> Eligible under Title IV-E | <input type="checkbox"/> Other |
| <input type="checkbox"/> CWA agrees to reimburse foster parents | |

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.**

Please contact the Homeless Student Liaison, Bridget Hins, at bhins@west-fargo.k12.nd.us or 701-499-3048 if you have questions when completing the form.

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
			Yes No