



# Runaway and Homeless Youth Transportation Reimbursement Instructions

## NYS-TEACHS

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 Chacoa  
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.



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