

**DESCRIPTOR CODE: FDH-E2**

**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.**

**All questions or changes to the plan must be directed to Jennifer Jung, the District Foster Care Point of Contact, at 705 4<sup>th</sup> Avenue NW, Jamestown, North Dakota, 58401, 701-252-0468 or [Jennifer.Jung@k12.nd.us](mailto:Jennifer.Jung@k12.nd.us) .**

**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