



**NYSTEACHS.org**

The New York State Technical Assistance  
Center for Homeless Students

# Runaway and Homeless Youth Transportation Reimbursement Instructions

Please note: Due to recent changes in New York State Education Law 3209, there are new rules about transportation and reimbursement for students residing in Runaway and Homeless Youth (RHY) shelters. RHY shelters are no longer required to supply transportation to students in temporary housing under state law; it is now a school district responsibility. Please see below for revised 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 school district's responsibility to transport the student to the school of origin.** (*N.Y. Education Law § 3209(4)(b)*).

If the facility is located outside of the designated district of origin, the school district is eligible for 100% reimbursement for such costs as indicated on the RHYA Transportation Form. The school district providing the transportation should complete and submit the following form to NYSED.

The completed form should be sent to:

Jillena Strevell  
NYSED, P.O. Box 7256  
Albany, NY 12224

Contact information for Jillena Strevell - [Jillena.Strevell@nysed.gov](mailto:Jillena.Strevell@nysed.gov)

With the completed form, include a cover letter with:

- The federal ID number of the 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.

### 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)							

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

TOTAL CHARGED TO SED	
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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	INCORPORATED NAME OF THE RHYA FACILITY
PROGRAM NAME	NAME OF THE PROGRAM INCURRING TRANSPORTATION COSTS
SCHOOL DISTRICT OF PROGRAM	NAME OF THE SCHOOL DISTRICT WHERE THE FACILITY IS LOCATED
MONTH/YEAR	MONTH(S) WHEN COSTS WERE INCURRED
COUNTY/BOROUGH	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	REPRINTED CHECK NUMBER USED
CHECK DATE	DATE OF CHECK
PAYEE NAME	NAME OF VENDOR OR PERSON TO WHOM CHECK WAS MADE PAYABLE
TYPE OF TRANSPORTATION	INDICATED TYPE (PUBLIC, YELLOW BUS, TAXI, AGENCY VEHICLE, ETC.)
YOUTH	ENTER INITIALS OF EACH TRANSPORTED
# OF YOUTH	ENTER NUMBER OF YOUTH TRANSPORTED AND PAID FOR WITH THIS CHECK
DESTINATION SCHOOL DISTRICT	NAME OF SCHOOL DISTRICT TO WHICH YOUTH IS TRANSPORTED
# OF MILES ONE-WAY	NUMBER OF MILES FROM FACILITY TO DESTINATION SCHOOL
NUMBER OF DAYS OR ROUNDTRIPS	INDICATE NUMBER OF DAYS OR ROUNDTRIPS THIS CHECK COVERS
UNIT COST AND BASIS	USE ONLY WHEN TRANSPORTATION COST IS BASED ON # OF TRIPS AND PRICE/TRIP
SERVICE PERIOD TO/FROM	THIS SHOULD INDICATE DAY OR DAYS OF SERVICE PROVIDED
GROSS AMOUNT OF CHECKQ	PLEASE INDICATE FULL AMOUNT OF CHECK WRITTEN
AMOUNT CHARGED TO SED	INDICATE AMOUNT ACTUALLY CHARGED FOR REIMBURSEMENT