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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SCHOOL TRANSPORTATION PLAN AGREEMENT | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | |
| Student Name | | MiSACWIS Person ID | | | Date of Birth | | Transportation Begin Date | |
|  | |  | | |  | |  | |
| The above named student is placed in foster care outside of the school district of origin, but it has been found in his/her best interest to remain at this school to ensure continuity of education. The school transportation plan below is being established.  It is agreed that if the student’s foster care placement **is** funded by Title IV-E funds, MDHHS will pay the entire “additional cost” of transportation.  It is agreed that if the student’s foster care placement **is not** funded by Title IV-E funds, MDHHS and the school district of attendance will split the “additional cost” of transportation.  The foster care case worker is responsible for notifying the school of attendance once the Title IV-E determination has been completed and/or if funding status changes. | | | | | | | | |
| Placement is Title IV-E Funded | | | | | | Date of Determination | | |
|  | | | | | |  | | |
| **FOSTER CARE PLACEMENT ADDRESS** | | | | | | | | |
| Name | | | | | | | | |
|  | | | | | | | | |
| Address | | | | City | | | | |
|  | | | |  | | | | |
| Phone | Fax | | | Email | | | | |
|  |  | | |  | | | | |
| **SCHOOL ADDRESS** | | | | | | | | |
| Name | | | | | | | | |
|  | | | | | | | | |
| Address | | | | City | | | | |
|  | | | |  | | | | |
| Phone | Fax | | | Email | | | | |
|  |  | | |  | | | | |
| Foster Care Liaison | | | | School District | | | | |
|  | | | |  | | | | |
| **MDHHS CONTACT (FOSTER CARE WORKER OR EDUCATION PLANNER)** | | | | | | | | |
| Name | | | | | | | | |
|  | | | | | | | | |
| Address | | | | City | | | | |
|  | | | |  | | | | |
| Phone | Fax | | | Email | | | | |
|  |  | | |  | | | | |
| **TRANSPORTATION PROVIDER/VENDOR CONTACT** | | | | | | | | |
| Name | | | | MiSACWIS Provider ID | | | | |
|  | | | |  | | | | |
| Address | | | | City | | | | |
|  | | | |  | | | | |
| Phone | Fax | | | Email | | | | |
|  |  | | |  | | | | |
| Transportation and Payment Plan – this includes explaining the mode of transportation, number of miles, if appropriate, etc. | | | | | | | | |
|  | | | | | | | | |
|  | | | | | | | | |
| Foster Care Case Worker (MDHHS or PAFC)/Education Planner Name | | | Signature | | | | | Date |
|  | | |  | | | | |  |
| Foster Care Supervisor (MDHHS or PAFC)/Education Planner Name | | | Signature | | | | | Date |
|  | | |  | | | | |  |
| School Foster Care Liaison Name | | | Signature | | | | | Date |
|  | | |  | | | | |  |
|  | | | | | | | | |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. | | | | | | | | |