Displaced/Homeless/Foster Care Checklist

(1st half filled out by school/ liaison & 2nd half by transportation)

Today's Date:_____   **Date student became displaced @ current location**:_____

(check off which one)
DCP&P?_____
180 Shelter/Linkages?_____
Displaced w/ parent @ doubled up residency?_____
Motel/Hotel % Social Services?_____
Motel/Hotel % parent/guardian?_____

Homeless Form B_____
(collect for all displaced students except DCP&P)

Student's Name:_____

School of Attendance:_____   **Grade**:_____   **School Hours:** _____

Name of *Homeless Liaison* @ student's school:_____   **Extension:**_____

Displaced Address:_____   **City, State, Zip:**_____

Does student require AM, PM or AM & PM transportation? _____

Does student require bus aide on route? _____

Is student allowed off of the bus without an adult present?_____

Is student subject to seizure or have any known allergies?_____

(Each sibling of a displaced student needs to have separate form filled out)

FOR TRANSPORTATION USE ONLY:

Quote? _____   Date **Quote** was sent out:_____   Due back @ (Date/Time):_____

Awarded to (Contractor):_____   Contact Person:_____   Phone #:_____

Contractor Email:_____   Is the contractor a Vendor in Systems 3000?_____
      (If yes, check off, if no, send a vendor package to email above ASAP)

Per Diem Rate: $_____   # of school days:_____   Per Diem Amount (x) # of school days: $_____

P.O. entered (Date): _____   P.O.#: _____

Route Name: _____   Start Date: _____   End Date:_____   Actual # of school days:_____

MOESC?_____   App Sent to MOESC (busforms@moesc.org) on: _____   Response on:_____   Approved?_____

Contractor % MOESC: _____   Contractor Phone #:_____   Cancellation sent? (if applicable)_____