In limited circumstances, subsidized families may be approved for transportation between home or school and child care. Subject to funding availability, programs will be reimbursed at the Department of Early Education and Care (EEC) approved rate for one way or round trip transportation, based on a family’s need. Subsidy Administrators must assess and document the parent’s need for transportation, taking into consideration such factors as: (1) the availability of public transportation; (2) whether a parent has a car; (3) any physical incapacity of the parent that may prevent the parent from transporting the child; and (4) whether the parent’s work schedule prevents transportation of the child to or from care. A family who lives within one half (1/2) mile of the provider will not receive transportation funding, unless exceptional circumstances exist. Please refer to the EEC Financial Policy Guide for guidance.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, am requesting transportation services for my child(ren). I confirm that:

I live more than one half (1/2) mile from the program;

I do not have access to a vehicle;

I do not have access to public transportation;

I have a verified disability/special need that prevents me from transporting my child(ren)\*; and/or

My work schedule prevents me from transporting my child(ren) to or from care.

\*The disability must be verified in writing by a Physician, Psychiatrist, Psychologist, Nurse Practitioner or Psychiatric Nurse on the letterhead of your health care practitioner.

I am requesting:

One-way transportation – or –  Two-way transportation

Full Names and Dates of Birth of your child(ren) for whom you are requesting transportation.

I understand that providing false or misleading information in connection with this request for transportation may result in termination of my child care subsidy and an obligation to repay the cost of child care. I have been informed that transportation is subject to funding availability and may be terminated without prior notice.

Signature of Parent Date

Signature of Subsidy Administrator Staff Member Date

**This form must be maintained in the family’s file.**