



Instructions for Completion of Temporary Housing Transportation Requests - 2017 - 2018

Please read carefully and follow all instructions – incomplete or illegible requests or those missing required documentation cannot be processed and will be returned.

The Department of Education provides transportation to General Education pupils who meet certain grade and distance requirements. Information on these requirements can be found at page four, below, and at the following location: [DOE grade/distance eligibility information](#).

These requirements document the following:

1. Transportation is provided only to grade and distance eligible pupils,
2. With limited exceptions, only K through 6th grade pupils are entitled to yellow bus,
3. Public transportation is equivalent to yellow bus as a form of transportation.

Given this, requests for exceptions to the grade and distance requirements that apply to all general education pupils will only be approved when a clear and convincing reason is presented for the exception. Residency in a recognized temporary housing facility or domestic violence shelter qualifies under the federal McKinney-Vento legislation.¹

Parents or guardians may use the “Temporary Housing Transportation Request” form to apply for an exception to OPT’s normal rules for pupil transportation in the following circumstances:

- If they are living in a temporary housing facility or a domestic violence shelter,
- **And** they were placed in that facility or shelter by a New York City government agency,
- **And** the NYC Department of Education does **not** have a Family Assistant assigned to the facility or shelter to provide assistance with school enrollment or transportation²

If the pupil is temporarily homeless but does **NOT** live in a shelter, transportation should be requested by using an “Emergency Evaluation Request.”

The instructions below describe how each section of the Temporary Housing Request form is to be completed and, if followed, should permit a prompt and accurate assessment of the need for transportation. The instructions provided for parents and guardians are detailed both to minimize the need to request additional information, which will only delay the process, and to facilitate translation of the information into multiple languages. The instructions for schools are more limited and will not be available in translation. **The forms themselves must be completed using the English language.**

Incomplete or illegible forms or those missing required documentation cannot be processed and will be returned to the pupil’s parent or guardian. When complete information is provided, a decision on a request can usually be provided within fifteen (15) days. In exceptional cases or during particularly busy times of the year, a decision may take up to thirty (30) days. In order to maintain the legibility of these forms, we require that they be returned **BY MAIL**. Copies submitted by fax will not be accepted.

¹ Frequently asked questions regarding the McKinney-Vento Act may be found [here](#).

² Contact information for the DOE Office for Students in Temporary Housing may be found [here](#)

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Instructions for parents or guardians for completion of Temporary Housing Transportation Requests

At each of the numbered locations in **Section 1 (Pupil Information)** on the form please **clearly** type or print the following (**all information is required**):

- 1.1a Pupil's **last name** (surname or family name)
- 1.1b Pupil's **first name** (given name)
- 1.1c Pupil's **middle initial**, if any

- 1.2 Pupil's **date of birth** in MM-DD-YY format

- 1.3 Check to indicate the pupil's **gender** (1.3a for Male, 1.3b for Female)

- 1.4 Pupil's **student identification number** (OSIS number – contact the child's school if unknown)

- 1.5 Pupil's **grade** (grade number from K to 12 or NG for "non-graded")

- 1.6 Check to indicate the pupil's **classification** (1.6a for General Ed, 1.6b for Special Ed)

- 1.7 **Is transportation now provided by OPT?** (1.7a for No, 1.7b for Yes)

- 1.8 **If yes, what transportation is provided?** (1.8a for GE bus, 1.8b for SE bus, 1.8c for MetroCard, 1.8d for Half-fare MetroCard)

- 1.7c **Apartment number**, if any

- 1.8 **Borough** of pupil's home address (1.8a for Brooklyn, 1.8b for Bronx, 1.8c for Manhattan, 1.8d for Queens, 1.8e for Staten Island)

- 1.9 **City** of pupil's home address

- 1.10 **Zip code** of pupil's home address ["Zip + four" if known]

At each of the following locations in **Section 2 (Parent/Guardian Information)** on the form please **clearly** type or print the following:

- 2.11 Parent or guardian's **last name** (surname or family name)
- 2.12 Parent or guardian's **first name** (given name)
- 2.13 Parent or guardian's **middle initial**, if any

- 2.2 Indicate parent or guardian's title by checking [] 2.21 for Mr., 2.22 for Mrs., 2.23 for Ms, or 2.24 for "other." Use the space following "other" to indicate this title.

- 2.3 Enter the parent or guardian's **primary telephone number**

- 2.4 Enter an **extension** associated with the primary telephone number, if any

- 2.5 Enter the parent or guardian's **alternate telephone number**, if any

- 2.6 Enter an **extension** associated with the alternate telephone number, if any

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- 2.7 Enter the parent or guardian's **e-mail address**, if any
- 2.8 The parent or guardian must **sign** the form in the space provided.
- 2.9 **Date** the form in the space provided.

After you have completed Sections 1 and 2 of the Temporary Housing Transportation Request, ask the shelter administrator or their representative to complete the information called for in **Section 3, Shelter/Facility Information**. Once that has been completed, bring the form to your child's school so that the school can complete page 2. When both pages have been completed, the request should be **mailed** to the Office of Pupil Transportation at the address shown below. **Do not fax variance request forms to OPT.**

Instructions for schools for completion of Temporary Housing Transportation Requests

Please carefully review the information provided by parents on page 1 of the request and assist them, if necessary, in identifying the student's grade, identification (OSIS) number, and GE or SE classification. **Forms that do not provide complete student identification information cannot be processed and will be returned.**

Please **clearly** type or print ALL of the information required in **Section 4 (p. 2, School Related Information)** of the request form. **Illegible, incomplete or unsigned forms cannot be processed and will be returned to the pupil's parent or guardian.** Please be particularly attentive to the following:

- Clearly **PRINT** the name, primary telephone number with any required extension and e-mail address of the school's transportation coordinator or pupil accounting secretary and the name, primary telephone number with any required extension and e-mail address of the school's principal.
- The request form must be signed by the school principal or the principal's designee and, together with any additional documentation, should be returned to:

NYC Department of Education
Office of Pupil Transportation
Exception Review Unit
44-36 Vernon Boulevard
Long Island City, NY 11101-7006

In order to maintain the legibility of these forms, we require that they be returned **BY MAIL**. DOE Interoffice Mail or "regular" US mail is adequate. Certified, express or overnight delivery is not required. **DO NOT FAX** forms to OPT.

Thank you for your cooperation.

**OFFICE OF PUPIL TRANSPORTATION**44-36 Vernon Boulevard
Long Island City, NY 11101
Telephone: 718-392-8855**Temporary Housing
Transportation
Request 2017 - 2018****PRINT CLEARLY IN DARK INK — ILLEGIBLE OR INCOMPLETE FORMS WILL BE RETURNED****1. PUPIL INFORMATION**

1.1 Pupil Name 1.1a Last name 1.1b First name 1.1c MI			1.2 Date of birth (MM-DD-YY)	
1.3 Gender 1.3a <input type="checkbox"/> Male 1.3b <input type="checkbox"/> Female	1.4 Identification Number	1.5 Grade	1.6 Classification 1.6a <input type="checkbox"/> General Ed 1.6b <input type="checkbox"/> Special Ed	
1.7 Is transportation now provided by OPT? 1.7a <input type="checkbox"/> No 1.7b <input type="checkbox"/> Yes		1.8 If yes, what transportation is provided? 1.8a <input type="checkbox"/> GE bus 1.8b <input type="checkbox"/> SE bus 1.8c <input type="checkbox"/> MetroCard 1.8d <input type="checkbox"/> Half-fare MetroCard		

2. PARENT / GUARDIAN INFORMATION

2.1 Name of parent or guardian 2.11 Last name 2.12 First name 2.13 MI			2.2 Title 2.21 <input type="checkbox"/> Mr. 2.22 <input type="checkbox"/> Mrs. 2.23 <input type="checkbox"/> Ms. 2.24 <input type="checkbox"/> Other:	
2.8 Primary telephone number		1.9 Extension	2.10 Alternate telephone number	
2.12 E-mail address of parent or guardian				
2.13 Signature of parent or guardian			2.14 Date	

3. SHELTER / FACILITY INFORMATION

Shelter / facility name			
Address		Unit or Apt Number	Borough
City	State NY	Zip Code	
Shelter is provided in response to: <input type="checkbox"/> Need for temporary housing <input type="checkbox"/> Protection required due to domestic violence			
Stop location should be designated as: <input type="checkbox"/> Intersection of: _____ or <input type="checkbox"/> Shelter street address			
Primary telephone number:		Alternate telephone number:	
Name of shelter administrator or designee		Signature	
E-mail address of shelter administrator or designee			Date

SEE PAGE TWO FOR REQUIRED SCHOOL INFORMATION



OFFICE OF PUPIL TRANSPORTATION

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4. SCHOOL-RELATED INFORMATION
Pupil Name (Last name, First name, MI)
School name, Address (Street number, Street name, Borough: BK, BX, M, Q, SI), City, State (NY), Zip Code, Transportation coordinator's name (Last name, First name, MI), Transportation coordinator's e-mail address, Primary telephone number, Extension, Alternate telephone number, Extension, Principal's name (Last name, First name, MI), Principal's e-mail address, Primary telephone number, Extension, Alternate telephone number, Extension, Is transportation now provided by OPT? (No/Yes), If yes, what transportation is provided? (GE bus, SE bus, Full-fare MetroCard, Half-fare MetroCard), If the pupil now uses a school bus, what is the route number?, What is the medical alert code, if any?, What is the pupil's session time? (AM to PM), What transportation is being requested? (GE bus, SE bus, Full-fare MetroCard), Signature of principal or designee, Title, Date

Please MAIL the completed request form, including the DOE Residency Questionnaire,* to:

Office of Pupil Transportation
Exception Review Unit
44-36 Vernon Boulevard , 6th Floor
Long Island City, NY 11101

The DOE Residency Questionnaire (available here) is a required part of this application. Please bring the information on the Residency Questionnaire to the attention of your child's school and return a copy with this application.

For assistance, contact the Office for Students in Temporary Housing at 212-374-0860 or OPT Customer Service at 718-392-8855