Tri-County Special Education
Jackson • Perry • Union

August 2, 2017

Transportation Instructions

Healthcare and Family service (HFS) allow school districts to bill for transportation on days when students receive special education services. Tri-county special Education bills transportation services to HFS for the school districts in order to get a reimbursement for part of your transportation expense. It is important that you follow the guidelines listed below. Pre-printed forms will be provided to create less paperwork for the bus driver to document. **Write legibly- not only new students but print your name and your signature so it is readable.**

- **When adding a student, make sure to use the student's legal name. Also include the Vehicle Lic #, Name of the Bus Service, and indicate the bus # or write Van.**
- **Use a pencil or a black or blue pen.**
- **Place an "x" on the day you transport the student- DO NOT use any markings on days when the student does not ride, just leave t blank.**
- **Students Address: On the back of the transportation log, write the address of each student's pick up and drop off address. Record it once at the beginning of the school year or if it changes during the school year.**
- **Bus Drivers and aides must print their name and include their signature on all forms.**

There are additional lines that add new students throughout the school year. It is important that we can read the students name to make sure we are billing transportation for the correct student. If you start getting several students that you have to write in please let me know and I will make new forms.

Please submit your forms to the appropriate person in a timely manner so that it doesn't interfere with the billing process.

If you have any questions, fell free to give me a call @ 618-684-2109. Have a great year.

Robin Hastings
Medicaid Secretary

Tri-County Special Education
1725 Shomaker Drive, Murphysboro, IL 62966
618-684-2109 ext. 136

Transportation Log for Special Education Students

School District Name and #: _____ Vehicle License#: _____ Bus #/Van: _____

Month and Year: _____ Name of Bus Service: _____

On the back of the form, enter the pickup and drop off address for each student at the beginning of the school year and make changes as needed throughout the year.

Student Last and First Name	Date of Birth	X = Special accomodations - wheelchair	Put an "X" in the box indicating each day the student rode the bus/van/automobile.																														
			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31

Return completed transportation forms monthly to Robin Hastings, 1725 Shomaker Drive Murphysboro Il 62966, fax 618-687-1638

Bus Driver: (Print Name) _____ (Signature) _____

Bus Aide: (Print Name) _____ (Signature) _____

Complete the address on all students and update as needed.

Students Name:	Physical Pickup Address:	Drop off address if different from the pickup address:

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