



Wisconsin Department of Public Instruction
YOUTH OPTIONS PROGRAM
TRANSPORTATION REIMBURSEMENT CLAIM
 PI-8701 (Rev. 08-09)

INSTRUCTIONS: Complete and return with a **copy of signed Plan and Report (PI-8700)** within **30 days after the end of the college school semester** to which the reimbursement claim pertains. Submit to:

WISCONSIN DEPARTMENT OF PUBLIC INSTRUCTION
FEDERAL AIDS AND AUDIT SECTION
P.O. BOX 7841
MADISON, WI 53707-7841

Collection of personally identifiable information is used solely for processing purposes and will not be released without permission.

GENERAL INFORMATION

The parent or guardian of a pupil who is attending a college and is taking a course for high school credit may apply to the state superintendent for reimbursement of the cost of transporting the pupil between the high school in which the pupil is enrolled and the college that the pupil is attending if the pupil and the pupil's parent or guardian are unable to pay the cost of such transportation. (s. 118.55 (7g) emphasis added)

Eligibility criteria printed on reverse.

TYPE OR PRINT legibly, as this will be the name to be printed on the reimbursement.

Student Name Last, First, MI		Sex <input type="checkbox"/> M <input type="checkbox"/> F	Age	Yr. in School
Address <i>Street, City, State, Zip</i>		Email Address		
Parent/Guardian Name		Telephone <i>Area/No.</i>		
School District of Enrollment		Semester Claim Submitted for <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> Other 20_____		
Address <i>Street, City, State, Zip</i>				
College				
Address <i>Street, City, State, Zip</i>				

CLAIM INFORMATION

A pupil whose parent or guardian will be applying for transportation reimbursement shall, to the extent possible, use the following modes of transportation: 1. public transportation; 2. a vehicle owned by the pupil or his/her parent or guardian if public transportation is not available. If either of these modes of transportation is not available, pupil may use another mode of transportation. The department will reimburse an amount of 29¢ per mile or the actual cost of the transportation, whichever is less. Reimbursement is allowable from high school to the college only. Transportation to and from home is not reimbursable.

Is pupil receiving high school credit for college course(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No	<i>Optional</i> Is pupil eligible for free or reduced price meals? <input type="checkbox"/> Yes <input type="checkbox"/> No	No. of Household Members	Total Monthly Income \$
High School Name <i>Starting Point</i>	College <i>Destination</i>	Total Miles <i>Round Trip</i>	Reimbursement Rate X 32¢/mile* X
Mode of Transportation <i>Check One</i> Attach receipts. <input type="checkbox"/> Public <input type="checkbox"/> Family vehicle <input type="checkbox"/> Other <i>Specify</i> _____		No. of Trips Per Semester	Total Claim =

ASSURANCES/SIGNATURES

WE, the undersigned parent/guardian and school district official, **HEREBY CERTIFY** that the pupil named herein is unable to pay the costs of transportation and that the pupil is receiving high school credit for the course(s) taken at the college.

Signature of Parent/Guardian ➤	Date Signed
Name of School District Official <i>Type or Print</i>	Title
Signature of School District Official ➤	Date Signed

FOR DPI USE

<input type="checkbox"/> Approved for requested amount	Signature of DPI Administrator ➤
<input type="checkbox"/> Approved for amended amount	
<input type="checkbox"/> Disapproved <i>State reason(s):</i>	Date Signed
<input type="checkbox"/> Pending <i>Specify</i>	

INCOME GUIDELINES

The parent or guardian of a pupil who is attending a college and is taking a course for high school credit may apply to the state superintendent for reimbursement of the cost of transporting the pupil between the high school of enrollment and the college only if the pupil and the pupil's parent or guardian are unable to pay the cost of such transportation. Preference will be given to household which are eligible for free or reduced price meals. If the household is not applying for free or reduced price meals, the following guidelines should be considered when determining inability to pay:

Household Size	Monthly Income	Yearly Income
2	2,247	26,955
3	2,823	33,874
4	3,400	40,793
5	3,976	47,712
6	4,553	54,631
7	5,130	61,550
8	5,706	68,469
For each additional family member	+577	+6,919