



New York City Early Intervention Program Justification for Transportation Method

Instructions: The Ongoing Service Coordinator (OSC) must complete this form as part of an amendment request. Refer to the [NYC EIP Transportation Policy](#). This form must be completed when a change to an authorized transportation method is requested, or a request to add or change a service authorization to a group or facility-based setting is being requested, and transportation is needed. Incomplete submissions will be returned.

When a particular type of transportation is requested, the OSC must explain why other forms of transportation are not appropriate:

If car service is requested, complete 1, 2, 3, 4, and 4a (if applicable) • If DOE School Bus is requested, complete 1, 2, 3, and 3a (if applicable).

If Family Car is requested, complete 1, 2, and 2a • If Public Transportation is requested, complete 1, and 1a.

Child's Name:(Last)		(First)	Date of Birth (DOB):
EI #:	IFSP Period: Start:	End:	Transportation SA Number (if applicable):
Currently authorized method of transportation: <input type="checkbox"/> Public Transportation <input type="checkbox"/> Family Car <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation on IFSP			
Requested change to: <input type="checkbox"/> Public Transportation w/ Metro Card <input type="checkbox"/> Family Car w/ reimbursement <input type="checkbox"/> DOE bus <input type="checkbox"/> Car Service <input type="checkbox"/> No transportation			
Location of service (name and address):			
1. Public Transportation: Indicate why this mode of transportation is or is not appropriate for the child & family based on family situation, medical status etc. 1a: (Metro card request only): Describe the hardship that would be created if Metro Cards are not provided by the EIP:			
2. Family car: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status etc. 2a: (Mileage reimbursement only): Describe the hardship that would be created if mileage reimbursement was not provided by the EIP:			
3. DOE School Bus: Indicate why this mode of transportation is or is not appropriate for the child and family based on the family situation, medical status, etc. 3a: Companions (Maximum 2): Provide a justification for each companion requested:			
4. Car Service: Indicate why this mode of transportation is appropriate for the child and family based on the family situation, medical status etc., etc. 4a: If a Gift Card is requested, describe the hardship that would be created if a Gift Card for the purpose of purchasing a car seat was not provided by the EIP:			

Service Coordinator Name: _____ Sign: _____ Date: _____

Parent Name: _____ Sign: _____ Date: _____