



MICHAEL G. BRESLIN  
COUNTY EXECUTIVE

COUNTY OF ALBANY  
DEPARTMENT FOR CHILDREN, YOUTH AND FAMILIES  
DIVISION FOR CHILDREN WITH SPECIAL NEEDS  
112 STATE STREET ROOM 300  
ALBANY, NEW YORK 12207  
(518) 447-4820 - FAX (518) 447-4855

COLETTE V. POULIN  
COMMISSIONER

LYNN M. TUBBS  
DEPUTY COMMISSIONER

LILLIAN D. SMITH  
DIRECTOR, DIVISION FOR  
CHILDREN WITH SPECIAL NEEDS

### ***PARENT TRANSPORTATION STATEMENT***

Program Name: \_\_\_\_\_

Child's Name

Program Address: \_\_\_\_\_

SUMMER

Date of Birth: \_\_\_\_\_

FALL/SPRING

Parent's Mileage Estimate: \_\_\_\_\_

Session Times: \_\_\_\_\_

Transportation Start/End Date: \_\_\_\_\_

Child's Home Address	City	Zip Code	Home Telephone #

***I \_\_\_\_\_ the parent/guardian of the above named child agree to personally provide for the transportation of my child to and/or from services listed above. In return for reimbursement of expenses in connection with said transportation, I absolve Albany County of any and all responsibility of liability to this transportation.***

\_\_\_\_\_  
Parent Signature

County Assigned Mileage

EI	CPSE
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Check one