

DANIEL P. MCCOY  
COUNTY EXECUTIVE



GAIL GROHAGEN-PRATT  
COMMISSIONER

MOIRA MANNING  
DEPUTY COMMISSIONER

**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

**TRANSPORTATION CHANGE**

Date: \_\_\_\_\_

Child's Name		<input type="checkbox"/> EI		<input type="checkbox"/> CPSE	
Provider/Agency					
Address					
<b>Change</b>					
<input type="checkbox"/> Permanent Change	<input type="checkbox"/> Temporary Change	Effective Dates of Change	From	To	
Check Applicable Boxes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	New Pick Up	New Drop Off	New Home	Session Change	
Pick-Up					
Responsible Person(s)		Phone			
Drop Off Address					
Responsible Person(s)		Phone			
Home Address					
Responsible Person(s)		Phone			
Days		School Arrival Time		School Pick-Up Time	
Mon Tue Wed Thu Fri					
Additional Comments/Instructions					

Parent/Guardian Signature (required) \_\_\_\_\_

\_\_\_\_\_ Date

*A minimum notice of five (5) business days is required before transportation changes can take place. It is the responsibility of the provider to update the County of all changes on all children served by Albany County.*