CALIFORNIA DEPARTMENT OF EDUCATION
Attn: School Fiscal Services Division
FORM NO. J-141-T (Page 2)

_____ SCHOOL DISTRICT _____ COUNTY

SECTION A. TRANSFERRING AGENCY INFORMATION (CDS CODE ____ _____)

A. ENTITLEMENT PRIOR TO TRANSFER
1. SH/OH Entitlement (Exhibit I-S, Col 4) ……. _____
2. Home-to-School Entitlement (Exhibit I, Col 2) ……. _____
3. Total Entitlements (A1 + A2) (also on Page 1) ……. _____

B. TRANSFER AMOUNTS FIRST YEAR FOLLOWING TRANSFER
1. Total Amount to be Transferred OUT (from Page 1, Col 10) ……..…….…… _____
2. Amount to be Deducted from SH/OH Entitlement ……..……. _____
3. Amount to be Deducted form Home-to-School Entitlement (B1 – B2) ..…. _____

C. ENTITLEMENTS FIRST YEAR FOLLOWING TRANSFER
1. Adjusted SH/OH Entitlement (A1 – B2)……...……. _____
2. Adjusted Home-to-School Entitlement (A2 – B3) ……..……... _____

D. TRANSFER AMOUNTS SECOND YEAR FOLLOWING TRANSFER
1. Total Amount to be Transferred OUT (from Page 1, Col 9) …….…….. _____
2. Amount to be Deducted from SH/OH Entitlement ……. _____
3. Amount to be Deducted from Home-to-School Entitlement (D1 – D2) …. _____

E. ENTITLEMENTS SECOND YEAR FOLLOWING TRANSFER
1. Adjusted SH/OH Entitlement (C1 – D2) ……..……...…….. _____
2. Adjusted Home-to-School Entitlement (C2 – D3) ……..…… _____

SIGNED _____ Contact Person _____ Phone (_____)_____
(Transferring Agency)

SIGNED _____ Contact Person _____ Phone (_____)_____
(County Superintendent)

SECTION B. NEW TRANSPORTING AGENCY INFORMATION (CDS CODE ____ _____)

A. ENTITLEMENT PRIOR TO TRANSFER
1. SH/OH Entitlement (Exhibit I-S, Col 4) ……..…….…… _____
2. Home-to-School Entitlement (Exhibit I, Col 2) ……...……. _____
3. Total Entitlements (A1 + A2) ……. _____

B. TRANSFER AMOUNT FIRST YEAR FOLLOWING TRANSFER
1. Total Amount to be Transferred IN (from Page 1, Col 10) ……. _____
2. Amount to be Added to SH/OH Entitlement ……...……. _____
3. Amount to be Added to Home-to-School Entitlement (B1 – B2) …….. _____

C. ENTITLEMENTS FIRST YEAR FOLLOWING TRANSFER
1. Adjusted SH/OH Entitlement (A1 + B2) ……...……..….. _____
2. Adjusted Home-to-School Entitlement (A2 + B3) ……..… _____

D. TRANSFER AMOUNTS SECOND YEAR FOLLOWING TRANSFER
1. Total Amount to be Transferred IN (from Page 1, Col 10) ……. _____
2. Amount to be Added to SH/OH Entitlement …….. _____
3. Amount to be Added to Home-to-School Entitlement (D1 – D2) …….. _____

E. ENTITLEMENTS SECOND YEAR FOLLOWING TRANSFER
1. Adjusted SH/OH Entitlement (C1 + D2) …….……..… _____
2. Adjusted Home-to-School Entitlement (C2 + D3) ……..…….. _____

SIGNED _____ Contact Person _____ Phone (_____)_____
(New Transporting Agency)

SIGNED _____ Contact Person _____ Phone (_____)_____
(County Superintendent)

CALIFORNIA DEPARTMENT OF EDUCATION
FORM NO. J-141-T (Page 2)
INSTRUCTIONS (2002-03)

SECTION A. TRANSFERRING AGENCY INFORMATION

Section A is to be completed by the LEA that was transporting the pupils prior to the transfer of services. ENTER the name of the LEA and the county on the lines provided at the top right.

A. ENTITLEMENTS PRIOR TO TRANSFER
   1. ENTER the Severely Handicapped/Orthopedically Handicapped (SH/OH) Entitlement from the latest certification of Exhibit I-S, Column 4 for fiscal year 2002-03.
   2. ENTER the Home-to-School Entitlement from the latest certification of Exhibit I, Column 2 for fiscal year 2002-03.
   3. ENTER the Total Entitlement (Line A1 plus Line A2).

B. TRANSFER AMOUNTS FIRST YEAR FOLLOWING TRANSFER
   1. ENTER the total amount transferred out the first year (from Page 1, Column 10).
   2. ENTER the amount chosen by the LEA to be deducted from the SH/OH Entitlement.
   3. ENTER the amount to be deducted from Home-to-School Entitlement (Line B1 minus Line B2).

C. ENTITLEMENTS FIRST YEAR FOLLOWING TRANSFER
   1. ENTER the adjusted SH/OH Entitlement (Line A1 minus Line B2).
   2. ENTER the adjusted Home-to-School Entitlement (Line A2 minus Line B3).

D. TRANSFER AMOUNTS SECOND YEAR FOLLOWING TRANSFER
   1. ENTER the total amount to be transferred out the second year (from Page 1, Column 9).
   2. ENTER the amount chosen by the LEA to be deducted from the SH/OH Entitlement.
   3. ENTER the amount to be deducted from Home-to-School Entitlement (Line D1 minus Line D2).

E. ENTITLEMENTS SECOND YEAR FOLLOWING TRANSFER
   1. ENTER the adjusted SH/OH Entitlement (Line C1 minus Line D2).
   2. ENTER the adjusted Home-to-School Entitlement (Line D2 minus Line D3).

SECTION B. NEW TRANSPORTING AGENCY INFORMATION

Section B is to be completed by the LEA that has assumed transporting the pupils. ENTER the name of the LEA and the county on the lines provided at the top right.

A. ENTITLEMENTS PRIOR TO TRANSFER
   1. ENTER the SH/OH Entitlement from the latest certification of Exhibit I-S, Column 4 for fiscal year 2002-03.
   2. ENTER the Home-to-School Entitlement from the latest certification of Exhibit I, Column 2 for fiscal year 2002-03.
   3. ENTER the Total Entitlement (Line A1 plus Line A2).

B. TRANSFER AMOUNTS FIRST YEAR FOLLOWING TRANSFER
   1. ENTER the amount listed for your LEA in Column 10, Form J-141-T received from the transferring LEA.
   2. ENTER the amount chosen by your LEA to be added to SH/OH Entitlement.
   3. ENTER the amount to be added to Home-to-School Entitlement (Line B1 minus Line B2).

C. ENTITLEMENTS FIRST YEAR FOLLOWING TRANSFER
   1. ENTER the adjusted SH/OH Entitlement (Line A1 plus Line B2).
   2. ENTER the adjusted Home-to-School Entitlement (Line A2 plus Line B3).

D. TRANSFER AMOUNTS SECOND YEAR AFTER TRANSFER
   1. ENTER the amount listed for your LEA in Column 9, Form J-141-T received from transferring LEA.
   2. ENTER the amount chosen by your LEA to be added to SH/OH Entitlement.
   3. ENTER the amount to be added to Home-to-School Entitlement (Line D1 minus Line D2).

E. ENTITLEMENTS SECOND YEAR FOLLOWING TRANSFER
   1. ENTER the adjusted SH/OH Entitlement (Line C1 plus Line D2).
   2. ENTER the adjusted Home-to-School Entitlement (Line C2 plus Line D3).