



**NYCPS Request for Enhanced Rate Equitable (IESP) Services
for a Prior School Year
Provider Affidavit**

The Enhanced Rate Equitable Services Unit accepts requests related to services to be provided during the ten-month school year (September to June). All requests related to Extended School Year services and / or Compensatory Services should be directed to the CSE.

Instructions: Requesters must submit a provider affidavit for each provider for whom they are requesting approval for an enhanced rate. Please note that failure to complete all required fields will result in your request being rejected. This includes the Student Name and NYCID on each page. Please note that if you have already agreed to provide these services pursuant to P-4 or RSA, NYCPS will not fund the services at an enhanced rate.

1. Provider Name:

2. Provider TIN / EIN / or SSN:

* Providers using their Social Security Number, if preferred, may submit this form directly to the ERES Unit at EquitableServicesAssistance@schools.nyc.gov within 5 business days following the requester's submission and must indicate the Student Name and NYCID in the subject of the email. Requests that are incomplete after five business days will be rejected.

3. Name of student who received services:

4. Student NYCID:

5. Service type(s), frequency and session length:

Service Type:	Frequency:	Session Length:

6. Relevant Certifications / Professional licenses or training for this service:

*Proof of the relevant certifications / licenses must be submitted with this document.

Student Name:

Student NYCID:



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7. For which school year is this request? You must submit a new request for each school year. The ERES Unit does not accept requests for reimbursement for school years prior to 2023-2024.

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2024-2025

☐

2023-2024

7a. State date of services:

7b. End date of services:

8. Where were the services provided?

☐

Home

☐

School

☐

Other

8a. If other, please provide location:

9. Were the services provided individually or in a group?

☐

Individually

☐

Group

☐

Other

9a. If "Group", what is the group size?

9b. If "Other" please specify:

10. Were the services provided on a push-in or pull-out basis?

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Push -In

☐

Pull -Out

☐

Other

10a. If "Other" please specify:

11. If you provided SETSS, in what content area(s) did you provide support?

12. In what language(s) did you provide services?

Student Name:

Student NYCID:



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13. Do you affirm that you created and provided progress reports to the CSE upon request?

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Yes

☐

No

14. Do you affirm that you participated in the Student's IESP meeting if requested?

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Yes

☐

No

15. Do you affirm that you provided instruction aligned with student's IESP goals?

☐

Yes

☐

No

16. Did you provide these services as an employee or contractor of a school or agency?

☐

Yes

☐

No

16a. If 'yes', identify the agency or school:

16b. If 'no', did you provide these services as an independent provider?

17. If you are compensated on an hourly basis, what is the hourly rate you charged or are compensated for the services that are the subject of this request?

17a. If you are not compensated on an hourly basis, please specify how you are paid for your services (for example, what is your annual salary):



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Affirmation and Notarization

I _____ (print or type name) am providing / provided IESP services to (print or type student name) _____ under the conditions above. I understand that this request is limited to the relevant period within the ten-month school year (between September and June 30) and that a new request must be submitted each school year. I acknowledge by submitting this request / affidavit that all records related to these services are subject to audit by New York City Public Schools and /or New York City. I swear (or affirm), under the penalties of perjury, that all of the information above is true and accurate.

Provider Signature: _____ Date: _____

STATE OF:

COUNTY OF:

On the _____ day of _____ in the year _____ before me, the undersigned personally appeared _____, personally known to me or proved to me on the basis of satisfactory evidence to be the individual whose name is subscribed to the within instrument and acknowledged to me that he/she/they executed the same in his/her/their capacity and that by his/her/their signature on the instrument, the individual or the person upon behalf of which the individual acted, executed the instrument.

NOTARY PUBLIC SIGNATURE

NOTE: Please be advised that a notary must be a neutral party to the request and not have a financial interest in the request.

Student Name:

Student NYCID: