

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 Numbers, if preferred, may submit this form directly to the ERES Unit at [EquitableServicesAssistance@schools.nyc.gov](mailto: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 closed.

3. Name of student receiving / to receive services:
4. Student NYCID:
5. Service type(s), frequency and session length:

Service Type	Frequency	Session Length

6. Relevant Certifications / Professional licenses or training:

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

Student Name:

Student NYCID:

7. Have you already begun to provide services for this student for the 10-month 2025-2026 School Year?

☐

Yes

☐

No

7a. If 'yes', what is the start date for the services?

8. Services are to be provided at:

☐

Home

☐

School

☐

Other

8a. If other, please provide location:

9. Are the services to be provided individually or in a group?

☐

Individually

☐

Group

☐

Other

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

9b. If "Other" please specify:

10. Are the services to be provided on a push-in or pull-out basis?

☐

Push in

☐

Pull out

☐

Other

10a. If "Other" please specify:

11. If you are / will be providing SETSS, what content area(s) are you providing support?

12. In what language(s) are you providing / will you provide service?

13. Do you affirm that you will provide progress reports to the CSE in advance of student's IESP meeting or upon request?

☐

Yes

☐

No

Student Name:

Student NYCID:

14. Do you affirm that you will participate in student's IESP meeting if requested?

☐

Yes

☐

No

15. Do you affirm that you are providing / will provide instruction aligned with student's IESP goals?

☐

Yes

☐

No

16. Are you providing these services / will you be providing 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', are you providing these services as an independent provider?

☐

Yes

☐

No

17. If you are compensated on an hourly basis, what is the hourly rate you charge or will be 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):

Student Name:

Student NYCID:



2025-2026 NYCPS Request for Enhanced Rate Equitable (IESP) Services  
Provider Affidavit

Affirmation and Notarization

I \_\_\_\_\_ (print or type name) am providing /will provide 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 1, 2025 and June 30, 2026) 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: