

Multiple Service Provider Form:
Summary of Changes
July 16, 2026



**Impartial Hearing Order
Implementation Unit
Special Education case Management
Office of the General Counsel**



Changes in Multiple Service Provider Entry

On the user's dashboard, there are no changes to Section 1 of the form.

 Home Dashboard

 Select Language ▼  Sign Out

Q How can I help you today? →

Create Ticket

Service Group > Category > Catalog Item

OGC Support > Authorization > Prospective Payment - Services Authorizations

1

Case Information

Impartial hearing case number *

1234444444

Action Item Detail

Not available

Changes in Multiple Service Provider Entry

On the user's dashboard, there are no changes to Section 2 of the form.

2 Requestor Information

First Name *

First Name

Last Name *

Last Name

Requestor Email *

demo.account@example.net

Requestor type *

Parent ▼

Requestor Phone

eg: (_ _ _) _ _ _ - _ _ _

Extension

Enter extension

Changes in Multiple Service Provider Entry

On the user's dashboard, there are no changes to Section 3 of the form.

3 **Student Information**

Student First Name *

Student

Student Last Name *

L *****

Show

Is this request for multiple school years

Single

Multiple

NYCID number (OSIS #) *

*****6

Show

School Year

Select ▼

Changes in Multiple Service Provider Entry

On the user's dashboard, in Section 4, new fields have been added to allow users to add up to 50 service providers for each Individual agency.

4

Service Provider Information

Will multiple agencies be providing this service? *

Select

Agency name *

Agency Name

ⓘ Add the name of the agency providing services

Provider name *

Vendor/Provider Name

Email address *

Email Address

ⓘ Add the email ID of the agency providing services

Business address (Associated to TIN) *

Business Address

Apartment Number *

Apartment #/Suite, Room/Unit Number

ⓘ Please add apartment #/suite/room/unit of the agency providing services

City/Borough *

City/Borough

State *

State

Zipcode *

Zipcode

Tax Identification Number (TIN) (omitting hyphens) *

Tax Identification Number

ⓘ Add TIN of the agency. Share the W9 form with this ticket if you are not a registered payee.

Service type *

Service Type

ⓘ Provide type of services requested as per the order, for e.g. SEIT, SETSS, etc.

Award type *

Select

ⓘ Select Mandated Services if the services are recurring in nature or on a regular basis. Select Compensatory Services if one time services were provided.

Length of Session (in minutes) *

Length of Session (e.g., 30/45/60 Minute

Dollar rate per session *

Dollar Rate per Session

Service initiation date *

MM/DD/YYYY

Service Location *

Select

4

Service Provider Information

Will multiple agencies be providing this service? *

Select

Agency name *

Agency Name

ⓘ Add the name of the agency providing services

Add Service Provider Name(s)

Provider Name

Provider Name

+ Add more

1 / 50 Max Providers

Business Email Address *

Business Email Address

ⓘ Add the email ID of the agency providing services

Business address (Associated to TIN) *

Business Address

Apartment Number *

Apartment #/Suite, Room/Unit Number

ⓘ Please add apartment #/suite/room/unit of the agency providing services

City/Borough *

City/Borough

State *

State

Zipcode *

Zipcode

Tax Identification Number (TIN) (omitting hyphens) *

Tax Identification Number

ⓘ Add TIN of the agency. Share the W9 form with this ticket if you are not a registered payee.

Service type *

Service Type

ⓘ Provide type of services requested as per the order, for e.g. SEIT, SETSS, etc.

Award type *

Select

Length of Session (in minutes) *

Length of Session (e.g., 30/45/60 Minute

Dollar rate per session *

Dollar Rate per Session

Service initiation date *

MM/DD/YYYY

Service Location *

Select

Changes in Multiple Service Provider Entry

When the user adds an additional agency or service provider, in Section 5, an "Add Service Provider" text box is added, and the question "Will multiple agencies be providing the services?" is replaced with the question "Do you wish to provide the new agency with a new TIN?"

4

Service Provider Information

Will multiple agencies be providing this service? *

Select

Provider name *

Vendor/Provider Name

Business address (Associated to TIN) *

Business Address

City/Borough *

City/Borough

Zipcode *

Zipcode

Service type *

Service Type

Length of Session (in minutes) *

Length of Session (e.g., 30/45/60 Minute

Dollar rate per session *

Dollar Rate per Session

Service Location *

Select

Agency name *

Agency Name

Email address *

Email Address

Apartment Number *

Apartment #/Suite, Room/Unit Number

State *

State

Tax Identification Number (TIN) (omitting hyphens) *

Tax Identification Number

Award type *

Select

Service initiation date *

MM/DD/YYYY

4

Service Provider Information

Agency name *

Agency Name

Add Service Provider Name(s)

Provider Name

Provider Name

+ Add more

1 / 50 Max Providers

Business Email Address *

Business Email Address

Business address (Associated to TIN) *

Business Address

City/Borough *

City/Borough

Zipcode *

Zipcode

Service type *

Service Type

Length of Session (in minutes) *

Length of Session (e.g., 30/45/60 Minutes)

Dollar rate per session *

Dollar Rate per Session

Service Location *

Select

Apartment Number *

Apartment #/Suite, Room/Unit Number

State *

State

Tax Identification Number (TIN) (omitting hyphens) *

Tax Identification Number

Award type *

Select

Service initiation date *

MM/DD/YYYY

Do you wish to provide a new agency with a new TIN? *

Select

Changes in Multiple Service Provider Entry

On the user's dashboard, in section 5 **Submit** button is replaced with the **Add Another Agency** button if user selects "Yes" to the question "Will multiple agencies be providing this services?" in Section 5.

5 Additional Information (if necessary)

Description

Maximum 2000 characters allowed. Any additional details you want to provide with this ticket

0/2000

☐ Before submitting this request, please ensure all the details provided are complete, accurate and corresponds to the correct ticket and action item *

 **Add attachment**

☐ I'm not a robot

This site is exceeding reCAPTCHA Enterprise free quota



Cancel

Submit

5 Additional Information (if necessary)

Description

Maximum 2000 characters allowed. Any additional details you want to provide with this ticket

0/2000

☐ Before submitting this request, please ensure all the details provided are complete, accurate and corresponds to the correct ticket and action item *

 **Add attachment**

☐ I'm not a robot

This site is exceeding reCAPTCHA Enterprise free quota



Cancel

Add Another Agency

Changes in Multiple Service Provider Entry

Once the user selects Add Another Agency - the previously entered agency or agencies will be listed in the Service Provider section. If there is an additional agency that needs to be added, the user will be prompted to complete [Section 3](#) with the required provider details.

NYC Public Schools

Home Dashboard

Select Language

Sign Out

How can I help you today?

Create Ticket

Service Group
OGC Support

Category
Authorization

Catalog Item
Prospective Payment - Services Authorizations

1

Service Provider Details

Service Provider

Service Provider 1

Agency Name

Agency 1

Service Provider

Service Provider 2

Agency Name

Agency 2

NYC Public Schools

Home Dashboard

Select Language

Sign Out

Create Ticket

Service Group
OGC Support

Category
Authorization

Catalog Item
Prospective Payment - Services Authorizations

Please fill out the form below, beginning in [Section 3](#), to share details of the additional agency providing services that was not added in the earlier form

Service Provider Details

Agency Name

Agency 4

Service Provider

Provider 4



Impartial Hearing Order Implementation Unit
Special Education Case Management
Office of the General Counsel

<https://supporthub.schools.nyc/ogc/home>