

**NYCPS REQUEST FOR PAYMENT FOR EQUITABLE (IESP)  
SERVICES RECEIVED IN A PAST SCHOOL YEAR**

**PARENT AFFIDAVIT**

**Note:** Unless you were new to the district or your child was just recently identified as a student with a disability, you were required to notify NYCPS no later than June 1 of the school year prior to the year for which you were requesting IESP services. If you did not notify NYCPS before the deadline and you do not qualify for an exception, you should not submit this request.

**Instructions:** To request payment for IESP/equitable services received during a prior school year, please prepare and submit the following documents via the online request form. (Retain original copies of any affidavits that you upload. NYCPS may request them for review.)

- (1) This Parent Affidavit (one per child);
- (2) A Provider Affidavit from each of your child’s providers for whom you are seeking payment;
- (3) For each provider who is being paid through an agency, an Agency Affidavit from the agency;
- (4) All invoices, proof of payment, and contracts for any of the services you are seeking; and
- (5) Any additional documentation noted on the affidavits.

Parent's Name:

Student's Name:

NYCID:

Student's Date of Birth:

School year payment is being requested for (YYYY-YYYY):

Date of IESP in effect during the school year:

Name of school child attended during the school year:

Address of school:

1. I affirm that I submitted a notice of intent to parentally place my child in a private program/private educational setting on or before June 1 of the school year prior to the school year for which I am requesting payment:

Yes

No

2. I am seeking payment for the following IESP services that were provided by a private provider:

3. These IESP services were provided by the following provider(s)  
(Identify the provider and the service they provided):

4. Where did your child receive these services:

Home      School      Other

4a. If "Other" (or if more than one location), please explain:

5. Did you pay out-of-pocket for any of these IESP services for your child?

Yes                      No

5a. If yes, what hourly rate(s) did you pay for your child's special education services?

6. Did you sign a contract with your child's service providers?  
(Attach a copy if you select "Yes")

Yes                      No

7. I would like to be reimbursed for my child's special education services:(Please attach proof of payment if you select "Yes")

Yes                      No

8. I would like my child's providers to be paid directly for my child's special education services:

Yes                      No

I, \_\_\_\_\_ (print or type name), am the parent of the above-named child and am submitting this request on their behalf. I acknowledge that by submitting this request/affidavit that 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

State of \_\_\_\_\_ County of \_\_\_\_\_  
Subscribed and sworn to (or affirmed) before me  
on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_  
by \_\_\_\_\_  
proved to me on the basis of satisfactory evidence  
to be the person(s) who appeared before me.

\_\_\_\_\_  
Notary Public Signature