Impartial Hearing Order Implementation Unit
Office of the General Counsel

PARENT REIMBURSEMENT FORM

SSN/ITIN Certification

This form is intended solely for use by parents who are eligible for reimbursement from New York City Public Schools (NYCPS) pursuant to an Impartial Hearing Order issued as a result of a Special Education Due Process hearing.

The completed form must be submitted through the SupportHub along with all required supporting documents and information.

Parent Name _____

Phone Number _____

Address _____

City: _____ State _____ Zip Code _____

Email Address (Required) _____

Primary Phone Number _____

Alternative Phone Number _____

Parent's Social Security Number (SSN) or Individual Taxpayer Identification Number (ITIN)

_____ - _____- _____

Student's Name _____

IHO Case Number _____

Certification

I hereby certify that the number shown on this form is my correct Social Security Number (SSN) or Individualized Taxpayer Identification Number (ITIN).

Signature (Parent): _____ Date: _____

USE OF THIS FORM FOR ANY OTHER PURPOSE IS NOT AUTHORIZED AND MAY RESULT IN CRIMINAL, CIVIL, AND/OR ADMINISTRATIVE ACTION.

Revised: 7/1/2026
Substitute W-9