



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

Note: In order for your child to be eligible for IESP services for the school year you are requesting, you must have submitted to your CSE a Parental Notice of Intent (PNI) requesting services no later than June 1 prior to the beginning of that school year unless you were new to the district or your child was identified as eligible to receive special education services during this same school year. If you did not submit a timely PNI or qualify for an exception, your child was not entitled to services, and you should not submit this request. If your child was first identified as eligible to receive special education services after June 1 of the year in question and before April 1 of that same school year, you must have submitted your PNI within thirty days after your child was first identified. Any PNI received after an initial eligibility determination made April 1 or later of that same school year shall be deemed a request for the next school year.

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: 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):

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

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.

1. Parent's Name:
2. Student's Name:
3. NYCID:
4. Student's Date of Birth:
5. For what school year is this request?

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2024-2025

☐

2023-2024

6. Date of IESP in effect during the school year:
7. Name of school child attended during the school year:
8. Address of school:

Student Name:

Student NYCID:



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9. 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:

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Yes

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No

10. Please list below the services for which you are requesting an enhanced rate. Include both session frequency and session length:

Service Type	Frequency	Session Length

11. Please list below the name of the provider for whom you are seeking approval for enhanced rate. If more than one, indicate which service they provided.

Service Type	Name

12. Where did your child receive these services?

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Home

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School

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Other

12a. If "Other" (or if more than one location), please explain:



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

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Yes

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No

13a. If 'yes', what hourly rate(s) did you pay for your child's special education services?

14. Did you sign a contract with your child's service providers or Agency?

(Attach a copy if you select 'yes')

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Yes

☐

No

15. Would you like to be reimbursed for your child's special education services?

(Please attach proof of payment if you select 'yes')

☐

Yes

☐

No

16. Would you like your child's provider(s) to be paid directly?

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Yes

☐

No

17. Did you receive a completed P4 and /or RSA from your CSE for the school year you are requesting?

☐

Yes

☐

No

18. Please select the affirmation below that is accurate to your situation:

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I affirm that YES, I filed or authorized the filing of a DPC for the school year at issue.

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I affirm that NO, I have not filed or authorized the filing of a DPC for the school year at issue.

18a. If you affirmed "yes" to having filed or authorized a DPC for this school year, please provide the case number(s):

19. Do you affirm that you have cooperated with all NYCPS efforts to assign your child a provider, which includes offers of afterschool and weekend sites and submitting the afterschool /weekend site survey?

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Yes

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No



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Affirmation and Notarization

I, _____ (print or type name), am the parent/guardian of _____ (name of student) and am submitting this request on their behalf. I understand that this request is limited to the relevant period within the ten-month school year (between September 1 and June 30) and that a new request must be submitted each school year. 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.

Parent 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: