

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

PROVIDER AFFIDAVIT

Requester Instructions: Please have each private provider for your child's IESP services for whom you are seeking payment complete this form affidavit. Please attach any invoices and/or service records.

Provider Name:

TIN:

I provided IESP services to Student Name:

NYCID:

1. I provided the following IESP services (list service type, frequency, session, length):

2. I started providing the IESP services to the student for the prior school year on:

3. I stopped providing services for the student prior school year on:

4. Where were the services provided: Home School Other

5. Were the services provided individually or in a group?

 Group Individual Other

5a. If "Group", what was the group size?

6. Were the services provided on a push in or pull out basis?

Push in

Pull out

7. If you answered "other" to any of the questions above, or the answer varies by service, please explain:

8. What subject areas were you supporting?

9. In what language(s) did you provide service?

10. I affirm that I will provide progress reports to the CSE in advance of the student's IESP meeting or upon request.

Yes

No

11. I affirm that I will participate in student's IESP meeting if required.

Yes

No

12. I affirm that I am providing instruction aligned with student's IESP goals.

Yes

No

13. Were you employed or contracted by an agency or school to provide the services?

Yes

No

14. If "Yes", identify the agency/school:

15. Have you already been paid for providing these services?

Yes

No

16. If "Yes", how much were you paid, at what rate were you paid, and by whom?

17. I hold the following license(s)/certification(s):
(Please attach a copy/proof)

I _____ (print or type name) provided IESP services to the above-named student. I acknowledge by submitting this request/affidavit that all records related to these services for the time period indicated above 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