

Request Form

Parents of students with disabilities who are found to be eligible for special education services and who live in New York State and are parentally placed in nonpublic schools located in NYC may submit a written request to the Enhanced Rate Equitable Service Unit (ERES Unit) for help with identifying a service provider and /or approval for services at an enhanced rate only if a Parental Notice of Intent (PNI) was submitted on or before June 1 (or within 30 days if the student was newly identified as a student with a disability after June 1 or before April 1). Where a request is made by an attorney or non-attorney advocate acting on a parent's behalf, the submission must include a confidentiality release form confirming that the parent has authorized the representative to act on their behalf. The release must be signed by the parent, dated, and notarized.

Requests for enhanced rate services must include a completed, signed, dated and notarized parent affidavit, provider affidavit and if the provider works for an agency, an agency affidavit. Once a completed request packet is received, the request will be reviewed within 60 days, and the parent will be contacted by the district to address their request.

Please note that if the student has not been registered with NYCPS and does not have a NYCID number (NYCPS issued student ID number), you will not be able to complete a request with the ERES Unit as a NYCID is required. Please contact your Committee on Special Education (**CSE**) for assistance with registering the student with NYCPS. For help identifying your CSE, please visit www.schools.nyc.gov/learning/special-education/help/committees-on-special-education

If your request is incomplete, it will be rejected, and you will be directed to resubmit a completed request with all required supporting documentation for review. The timeline for review restarts when a request is resubmitted.

Completed ERES requests with all supporting documentation, and any questions regarding your ERES request, should be directed to EquitableServicesAssistance@schools.nyc.gov. Please include the student's name and NYCID in the subject line of all emails.

For all other issues and requests, please contact your CSE. To submit a request for an impartial hearing or mediation related to the identification, evaluation, or placement of a student with a disability or suspected of having a disability, please email your complaint to the Impartial Hearing Office at IHOQuest@schools.nyc.gov.



NYCPS Enhanced Rate Equitable (IESP) Services

Request Form

Enhanced Rate Equitable Service Request - Primary Information

NYCPS Student ID (required) _____

IMPORTANT NOTICE: If the student does not have a NYCPS Student ID number, please contact the Committee on Special Education (CSE) or file a Due Process Complaint.

Student First Name _____

Student Last Name _____

Student Middle Name _____

Student Preferred Name _____

Preferred name is an alternate name which serves two purposes: For students with a first name in a language other than English, or for students who prefer to be called by a name that is different from their legal name.

Student Date of Birth _____

Current School Name _____

Current School Street Address _____

Providing the school address will help to ensure that your request is processed correctly.

Current School Borough or City _____

Current School State _____

Current School Zip Code _____

Requester's Relationship to Student

☐

Parent / Guardian

☐

Student (Self)

☐

Attorney

☐

Non – Attorney Advocate

If you select "Attorney" or Non-attorney Advocate" please provide the contact information below. Additionally, please note that information on this request will only be discussed with persons in a parental relationship unless the attorney or non-attorney advocate has submitted a confidentiality release form that has been signed by the parent or legal guardian, dated and legally notarized, identifying the person with whom the NYCPS staff can discuss the matter.



NYCPS Enhanced Rate Equitable (IESP) Services

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This section is required for attorney or non-attorney advocate requesters only

Requester First Name _____

Requester Last Name _____

Requester Street Address _____

Requester Office/Suite Number _____

Requester Borough or City _____

Requester State _____

Requester Zip Code _____

Requester Email Address(es) _____

Requester Phone Number _____

This section is required for all requesters

Parent First Name _____

Parent Last Name _____

Parent Email Address _____

Parent Phone Number _____

Parent Street Address _____

Parent Apartment Number _____

Parent Borough or City _____

Parent State _____

Parent Zip Code _____

Is this student's address the same as this parent's?

☐

YES

☐

NO



NYCPS Enhanced Rate Equitable (IESP) Services

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OPTIONAL: Information for another parent

Parent First Name _____

Parent Last Name _____

Parent Email Address _____

Parent Phone Number _____

Parent Street Address _____

Parent Apartment Number _____

Parent Borough or City _____

Parent State _____

Parent Zip Code _____

Is this student's address the same as this parent's?

☐

YES

☐

NO

OPTIONAL: Complete this section ONLY if the student's address is not the same as either parent's address submitted above.

Student Street Address _____

Student Apartment Number _____

Student Borough/ City _____

Student State _____

Student Zip Code _____

Request Form

Is there a pending Impartial Hearing Request for this student?

☐ YES

☐ NO

Does the parent require translation of documents?

☐ YES

☐ NO

If 'yes', what language? _____

What school year is at issue? *Select only one. (Separate requests must be submitted if you are requesting for multiple years.)*

☐ 2025-2026

☐ 2024-2025

☐ 2023-2024

What kind of assistance are you requesting? *Select at least one service and then for any service selected, select what action you are requesting.*

☐ **Special Education Teacher Support Services (SETSS)**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Occupational Therapy (OT)**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Physical Therapy (PT)**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Speech and Language Therapy**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Counseling**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Adaptive physical education**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Adaptive Technology**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

☐ **Audiology services**

☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

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- ☐ **Hearing education services**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Nursing transportation**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Oral transliteration**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Orientation and mobility services**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Paraprofessional (Orientation and mobility para/ Toileting para, Behavior para)**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Paraprofessional transportation**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **School nurse services**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Sign language interpreter**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Vision education services**
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate
- ☐ **Other** _____
☐ Help Finding a Provider or ☐ Payment for Enhanced Rate

Are the services being provided through an Agency?

- ☐ YES ☐ NO

Equitable Services Request Document Submission Checklist

Please review the checklist below and ensure that you have assembled all required documentation before submitting your equitable services request.

Be advised that all requests received without the required documentation will be rejected, and you will be directed to resubmit your request once you have compiled the required materials.

AFFIDAVITS AND SUPPORTING DOCUMENTS

Parent or Student Affidavit and Documents: Required for all enhanced rate requests

- ☐ Yes, I have attached a completed Parent or Student Affidavit
- ☐ Yes, I have attached any relevant contract(s) and payment or service records

Provider Affidavit and Documents: Required for all enhanced rate requests

- ☐ Yes, I have attached a completed Provider Affidavit
- ☐ Yes, I have attached a copy of the provider's relevant license to each affidavit (*For paraprofessionals where professional certification is not required, documentation of completion of a training program or a letter from the parent detailing the provider's training is required.*)

Agency Affidavit: Required only for enhanced rate requests for services provided by an Agency

- ☐ Yes, I have attached a completed Agency Affidavit

CONFIDENTIALITY RELEASE: Required for requests submitted by attorney and non-attorney representatives (not required for requests by parent/guardians).

- ☐ Yes, I have attached a completed confidentiality release