

**2024-2025 NYCPS REQUEST FOR EQUITABLE (IESP)
SERVICES ASSISTANCE/ENHANCED RATE**

PARENT AFFIDAVIT

Note: Unless you are 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, 2024 that you wanted IESP services for the 2024-2025 school year. 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 equitable IESP services assistance and/or services at an enhanced rate, 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 an enhanced rate;
- (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:

Date of student's last IESP:

Name of school child is attending:

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, 2024.

2. I seek an enhanced rate for the following IESP services currently being provided by a private provider:

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

4. Where is your child receiving these services:

Home School Other

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

5. Are you currently paying out-of-pocket for any of these IESP services for your child?

5a. If yes, what hourly rate(s) are you paying 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")

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

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

9. There are other services on my child's IESP (not listed above) where I have not identified a provider and I need additional help from NYCPS in obtaining the services:

9a. If "Yes," list the services below:

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