DIRECT REIMBURSEMENT
SOCIAL SECURITY NUMBER FORM

This form is only for parents who are or may be eligible for reimbursement from the New York City Department of Education (NYC DOE) for direct payments made by parents to outside vendors for services or tuition for their children with disabilities. Use of this form for any other purpose is not authorized and may delay payments from the City of New York or the NYC DOE. If you are eligible for or seek other forms of payment from the City of New York or the NYC DOE, you may be required to complete a W-9 form for that purpose.

Parent Name _____ Phone Number _____

Address: _____

City: _____ State _____ Zip Code _____

Email Address (Required): _____

Primary Phone Number: _____ Alternative Contact Number: _____

Parent's Social Security Number: _____ - _____- _____

Child Name: _____

IHO Case Number: _____

Certification: Under penalties of perjury, I certify that the number shown on this form is my correct social security number.

Signature: _____ Date: _____
 Parent

Please return this form to:

New York City Department of Education
Impartial Hearing Order Implementation Unit
65 Court Street, Room 1503
Brooklyn, New York 11201

Accessibility Report

Filename: direct-reimbursement-social-security-number-form---updated-12-2016_ADA.pdf

Report created by: [Enter personal and organization information through the Preferences > Identity dialog.]

Organization:

Summary

The checker found no problems in this document.

- Needs manual check: 2
- Passed manually: 0
- Failed manually: 0
- Skipped: 1
- Passed: 29
- Failed: 0