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 Public Schools (NYCPS) 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 NYCPS. If you are eligible for or seek other forms of payment from the City of New York or the NYCPS, 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 Phone Number _____

Parent's Social Security Number (SSN)/Individual Taxpayer Identification Number (ITIN)

_____ - _____ - _____

Student's Name _____

IHO Case Number _____

Certification

Under penalties of perjury, I certify that the number shown on this form is my correct Social Security Number (SSN)/Individualized Taxpayer Identification Number (ITIN).

Signature (Parent): _____ Date: _____