



**RSA-7a Billing Form for Independent Providers of Related Services (RSA)**

Vendor Invoice # \_\_\_\_\_ Month: January Year: 2015

**Section 1: Student Information**

Student's Name: RICHARDSON JACOB

Last First  
NYC ID #: 205395148

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Service District: \_\_\_\_\_

Related Service: Speech

**Recommendation on IEP:**

2 30 2 EN

Frequency Duration Group Size Language

Location where services are provided (Home, School or Place  
of Business): Office - Chelsea

Comments: \_\_\_\_\_

**Section 2: Provider Information**

Provider's Name: Lauren LeRea

Address: 134 West 26th Street, Suite # 602  
New York, NY 10001

Telephone #: 212-604-9360

Social Security #: 72620942  
(Required)

**Section 3: Agency Information**

Agency Name: City Sounds of NY

Address: 134 West 26th Street, Suite # 602  
New York, NY 10001

Telephone #: 212-604-9360

Federal Tax ID #: 270698698  
(Required)

**Section 4: Service Provision**

DATE	FREQUENCY	START TIME	END TIME	GROUP SIZE	DATE	FREQUENCY	START TIME	END TIME	GROUP SIZE
1					17				
2					18				
3					19				
4					20				
5					21				
6	1	12:30 PM	01:00 PM	1	22				
7					23				
8	1	12:30 PM	01:00 PM	1	24				
9					25				
10					26				
11					27				
12					28				
13	1	12:30 PM	01:00 PM	1	29				
14					30				
15	1	12:30 PM	01:00 PM	1	31				
16									

Total # of Sessions: 4

Rate: \_\_\_\_\_

Total Amount Due: \_\_\_\_\_

**Section 5: Provider Certification for provision of Services**

I hereby certify that I have provided related services on the dates  
and for the duration indicated herein. I understand that when  
completed and filed, this form becomes a record of the Board of  
Education and that any material misrepresentation may subject me to  
criminal, civil and/or administrative action.

**Parent/Principal/Guardian Certification**

By my signature I acknowledge that I have reviewed this Related  
Service billing form and that, to the best of my knowledge, these  
sessions were provided as indicated.

Signature of Provider

Date

Signature of Parent/Guardian/Principal

Date