



Department of  
Education

(RSA)

Christopher McKay, *Director*  
Bureau of Non-Public School Payables

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

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

**Section 1: Student Information**

Student's Name: \_\_\_\_\_

Last First

NYC ID #: \_\_\_\_\_

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

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

Related Service: \_\_\_\_\_

**Recommendation on IEP:**

Frequency Duration Group Size Language

Location where services are provided (Home, School or Place  
of Business): \_\_\_\_\_

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

**Section 2: Provider Information**

Provider's Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Social Security #: \_\_\_\_\_  
(Required)

**Section 3: Agency Information**

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Federal Tax ID #: \_\_\_\_\_  
(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					22				
7					23				
8					24				
9					25				
10					26				
11					27				
12					28				
13					29				
14					30				
15					31				
16									

Total # of Sessions: \_\_\_\_\_

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