Family Guide to Independent Services

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Approved By: Regina Grimmett, Senior Deputy Chief, Specialized Instruction

4/18/2022

Regina Grimmett
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Division of Specialized Instruction
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Overview

Dear Parent or Guardian,

Your child has been authorized to receive an independent education evaluation (IEE), independent compensatory education services, and/or a reimbursement. The duration, intensity, and maximum cost of any authorized evaluations, services, or reimbursement are detailed in the authorization letter(s) provided along with this letter.

This Family Guide includes step-by-step guidelines for obtaining an IEE or independent services, including a list of types of evaluations as well as known independent service providers. This guide also includes guidelines for vendors, including submission guidelines and directions for receiving payments. **The evaluation(s) and/or services listed in your authorization letter are intended to be provided at no cost to you. Any providers selected by you will submit invoices and other necessary information to DCPS directly for payment.** Please provide a copy of the billing guidance included in this guide to any provider(s) you select to evaluate or provide services to your student.

You may select any provider, including those not listed in this guide, as long as they are: 1. not employed by the Government of the District of Columbia, 2. meet the licensure requirements for the awarded service, and 3. work within the cost and other guidelines contained in the authorization letter. DCPS does not endorse any independent evaluators, service providers or tutors. This guide is merely to assist you in selecting a provider. You are also able to change providers if you are not satisfied with their services.

If you change providers, please update the DCPS point of contact included on your authorization letter. Additionally, please notify DCPS if an unusual circumstance prevents your chosen provider from billing DCPS directly. Also, contact your DCPS point of contact before your student is evaluated or begins receiving any independent services.

Our team is happy to assist in any way that we can and answer any questions that you may have. If you have any concerns or need any help in this process, you may contact the DCPS point of contact listed on your authorization letter.

Regards,

Regina Grimmett
Senior Deputy Chief, Specialized Instruction
IEE Guidance for Families

What is an Independent Educational Evaluation (IEE)?
An Independent Educational Evaluation (IEE) is an evaluation conducted by a certified professional who is not employed by the school district (DCPS). An IEE can be done in a number of areas or disciplines, including: audiology, adaptive physical education, assistive technology, psychology, speech-language, social-emotional, occupational therapy, and physical therapy.

Review and complete the steps in this guide to ensure that an appropriately qualified individual evaluates your student. Additionally, ensure that the evaluator(s) you select review the billing guidance included in this section prior to beginning any evaluations or submitting any invoice packets to DCPS or the Office of the State Superintendent of Education (OSSE).

If you have any questions during this process, contact the DCPS point of contact included on your authorization letter.

NOTE: Independent providers conducting evaluations through an authorization letter are not DCPS employees. DCPS makes no guarantees or representations regarding the quality of the evaluation and assumes no liability, whether by way of contribution or otherwise, for any damages incurred by the student or family in connection with the independent provider.

What are the steps to getting a funded independent educational evaluation?
The steps below outline how to use the IEE(s) authorized for your student. Please review all steps prior to contacting a provider, and reach out to the DCPS point of contact listed on your authorization letter for any questions.

*Step 1 – Confirm the type of evaluation recommended for your child*
The authorization letter you received lists the type of evaluations that have been approved for your student. See this chart to learn more about the different types of evaluations.

*Step 2 – Review the type of assessments and covered costs*
A provider conducting a funded IEE will bill DCPS directly. Providers may only bill up to the DCPS Maximum Evaluation Costs listed here. If you choose a provider not on the IEE vendor list, please ensure the provider accepts these rates and agrees to bill DCPS directly for payment. If an extenuating circumstance prevents a provider from billing DCPS directly, please contact your DCPS point of contact before beginning the evaluation.

For low incidence evaluations such as: Assistive Technology, Adaptive Physical Education, and Vocational Assessments not addressed by the rate guidelines listed here, payment will be made on a case-by-case basis in conjunction with DCPS, the OSSE, and provider(s). DCPS or the OSSE will pay reasonable rates for these assessments.

*Step 3 – Select a provider*
After you review the type(s) of evaluation recommended for your student (Step 1), select a provider and schedule an evaluation. This guide includes a list of some Washington, D.C. Area IEE Providers. This list is meant to help you start your search, and you may select a provider who is not included not on this list, as long as they meet the following criteria:

1. The provider is qualified to conduct the assessment your child will receive;
2. The provider accepts the prescribed DCPS rates listed here; and
3. The provider is not a DCPS employee.

When selecting a provider, consider the following:
- **Capability**: Is the provider able to deliver the recommended evaluation?
- **Location**: Is the provider located somewhere that you can easily get to?
- **Availability**: Is the provider able to schedule an evaluation session at a time that you can attend and will not delay the process for your child?
- **Approval**: Is the provider willing to accept DCPS rates for services? Please see the DCPS Maximum Evaluation Rates listed here.

**Step 4—Schedule the evaluation(s)**

After selecting an appropriate provider, schedule the date(s) needed for your student’s evaluation(s). When scheduling the appointment, be sure to:

- Explain that you have an authorization from DCPS for an independent educational evaluation (IEE). Providers regularly conduct independent educational evaluations when provided with an authorization form and bill DCPS/OSSE directly.
- Confirm the specific evaluation the provider will conduct.
- Verify where the evaluation will be conducted.
- Let your student’s school know when the evaluation has been scheduled. This will allow DCPS to anticipate receipt of the completed evaluation.

**Step 5 – Attend the evaluation(s)**

Give the provider a copy of the “Billing Guidance for Vendors” section of this guide. The provider must follow these steps and submit the completed evaluation to ensure timely payment for services.

Be sure to arrive on time for your scheduled evaluation. When you attend your scheduled evaluation, your provider will meet with you and your child, which may include testing and interviews. Many evaluations take a full day to complete and require your participation.

**Step 6 – Review the evaluation with your student’s school**

- Once completed, the provider must send their evaluation report to the appropriate DCPS contact. **If you receive a copy of the evaluation, send it to the DCPS point of contact listed on your authorization letter to ensure that DCPS receives a copy of the evaluation in a timely manner.**
- Upon receipt, the DCPS local education agency (LEA) representative (e.g., the Special Education Coordinator, Nonpublic Monitoring Specialist, or Resolution Specialist) assigned to your student will contact you to schedule a meeting to review the evaluation(s).
  - At the review meeting, your child’s DCPS LEA representative will discuss the evaluation findings with you and other DCPS and school personnel. If appropriate, an individualized education program (IEP) for your child may also be created or updated.
<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>PROVIDER NAME AND CONTACT</th>
</tr>
</thead>
</table>
| Psychological   | Acumen Behavioral Consulting, David Cranford  
|                 | 1629 K St. NW, Washington, DC 20006  
|                 | P: 240.303.2141 E: davie@acumenbehavioral.com |
| Psychological   | Alina Assessment Services, Joette James  
|                 | 412 First St. SE, Washington, DC 20003  
|                 | P: 240.424.0073 E: joettedi@aol.com |
| Psychological   | Behavioral and Educational Solutions  
|                 | 8609 2nd Ave #506B, Silver Spring, MD 20910  
|                 | P: 240.398.3514 E: info@besdc.com |
| Psychological   | Campbell Psychological Services  
|                 | 8607 2nd Ave. Silver Spring, MD 20910  
|                 | P: 301.589.5533 E: kcampion@campsychserv.com |
| Psychological   | COMPASS Mental Health Consultants, LLC  
|                 | 11140 Rockville Pike, Ste. 400, Rockville, MD 20852  
|                 | P: 240.630.4048 E: pojevwe@gmail.com |
| Psychological   | Education Due Process Solutions  
|                 | 711 Bain Dr, Hyattsville, MD 20785  
|                 | P: 301.502.4838 E: jessica@educationdps.com |
| Psychological   | George Washington Meltzer Center  
|                 | 2125 G St NW #101K, Washington, DC, 20052  
|                 | P: 202.994.9072 E: meltzercenter@gwu.edu |
| Psychological   | Golden Assessments  
|                 | 1487 Chain Bridge Rd. Ste 303, McLean, VA 22101  
|                 | P: 571.316.1529 E: drgolden@goldenassessments.com |
| Psychological   | Inner City Family Services  
|                 | 2307 Martin Luther King Jr. Ave SE, Washington DC 20020  
|                 | P: 202.525.4855 E: karenasmit@innercityfamilyservices.com |
| Psychological   | Lifelong Wellness  
|                 | 8403 Colesville Rd, Suite 1100, Silver Spring, MD 20910  
|                 | P: 301.367.4827 E: drsanders@lifelongwellnessdc.com |
| Psychological   | Ling Wu  
|                 | 15807 Crabbs Branch Way, Ste A, Rockville, MD 20855  
|                 | P: 240.285.0047 E: LingLouiWu@gmail.com |
| Psychological   | Mid-Atlantic Children’s Services  
|                 | 9658 Baltimore Ave #240 College Park, MD 20740  
|                 | P: 240.297.9857 E: admin@midatlanticservices.com |
| Psychological   | Morgan Holdings Group, LLC  
|                 | 4309 Travancore Ct., Randallstown, MD 21133  
|                 | P: 443.413.9484 E: kwylie21@aol.com |
| Psychological   | Quince Orchard Psychotherapy  
|                 | 60 Market St. Ste. 207, Gaithersburg, MD 20878  
|                 | P: 240.750.6467 E: schedule@qopsych.com |
| Psychological   | Solutions Educational Consultants  
|                 | 14760 Nain St, Suite 118, Upper Marlboro, MD 20772  
|                 | P: 240.274.1497 E: c2bells@verizon.net |
| Psychological   | The Child and Family Practice  
|                 | 4800 Hampden Ln. Ste. 200 Bethesda, MD 20814  
<p>|                 | P: 703.647.4197 E: <a href="mailto:info@childandfamilypractice.com">info@childandfamilypractice.com</a> |</p>
<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>PROVIDER NAME AND CONTACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Speech and Language</td>
<td>Behavior and Education Solutions 8609 2nd Ave., Suite 404B, Silver Spring, MD 20910 P: 240.398.3514 E: <a href="mailto:info@besdc.com">info@besdc.com</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Capitol Kids Speech Therapy 201 8th St. NE, Washington, DC 20017 P: 202.544.5469</td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Children’s Speech and Language Services 6231 Leesburg Pike, Falls Church, VA 22044 P: 703.685.1070 E: <a href="mailto:info@csls.us">info@csls.us</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>District Speech and Language Therapy 2604 Connecticut Ave. NW, Suite 202, Washington, DC 20017 P: 202.417.6676 E: <a href="mailto:info@districtspeech.com">info@districtspeech.com</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Gallaudet University Hearing and Speech Center Sorenson Language and Communication Center 2200 800 Florida Ave. NE, Washington, DC 20002 P: 202.250.2119 E: <a href="mailto:guhsc@gallaudet.edu">guhsc@gallaudet.edu</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>HSC Pediatric Center 1731 Bunker Hill Rd. NE, Washington, DC 20017 P: 202.832.4400 E: <a href="mailto:sbowles@hschealth.org">sbowles@hschealth.org</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>My Brother’s Keeper Transitional Living Service (<a href="http://www.MBKDC.org">www.MBKDC.org</a>) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: <a href="mailto:awashington@mbkdc.org">awashington@mbkdc.org</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: <a href="mailto:c2bells@verizon.net">c2bells@verizon.net</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Something 2 Talk About 9470 Annapolis Rd., Suite 409, Lanham, MD 20706 P: 301.661.4729 E: <a href="mailto:admin@s2talkabout.net">admin@s2talkabout.net</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>The Connections Therapy Center 9470 Annapolis Rd., Suite 416, Lanham, MD 20706 P: 301.577.4333 E: <a href="mailto:info@thectcenter.com">info@thectcenter.com</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>The Reading and Language Learning Center 8229 Boone Blvd., Suite 660, Vienna, VA 22182 P: 703.821.1363 E: <a href="mailto:info@readingllcenter.com">info@readingllcenter.com</a></td>
</tr>
<tr>
<td>Speech and Language</td>
<td>Unlimited Expressions 3414 Summit Ct. NE, Washington, DC 20018 P: 202.744.8158</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>HSC Pediatric Center 1731 Bunker Hill Road, NE Washington, DC 20017 P: 202.832.4400 E: <a href="mailto:sbowles@hschealth.org">sbowles@hschealth.org</a></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Sensational Kids Therapy 4400 Jenifer St NW #280 Washington, DC 20015 P: 202.244.8089 E: <a href="mailto:office@sensationalkids-therapy.com">office@sensationalkids-therapy.com</a></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Solutions Educational Consultants 14760 Nain St, Suite 118, Upper Marlboro, MD 20772 P: 240.274.1497 E: <a href="mailto:c2bells@verizon.net">c2bells@verizon.net</a></td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>My Brother’s Keeper Transitional Living Service (<a href="http://www.MBKDC.org">www.MBKDC.org</a>) 2616 Georgia Avenue NW Washington DC 20001 P: 202-386-6311 E: <a href="mailto:awashington@mbkdc.org">awashington@mbkdc.org</a></td>
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<td>-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| Physical Therapy    | The Connections Therapy Center  
9470 Annapolis Road, Suite 416 Lanham, MD 20706  
P: 301.577.4333 E: info@thectcenter.com                                                                                                                                 |
| Physical Therapy    | Unlimited Expressions  
3414 Summit Ct. NE Washington, DC 20018  
P: 202.744.8158                                                                                                                                                           |
| Physical Therapy    | Weinfeld Education Group  
104 Northwood Avenue, Silver Spring, MD 20901  
P: 301.681.6233 E: admin@weinfeldeducationgroup.com                                                                                                                       |
| Occupational Therapy| HSC Pediatric Center  
1731 Bunker Hill Rd. NE Washington, DC 20017  
P: 202.832.4400 E: sbowles@hschealth.org                                                                                                                                      |
| Occupational Therapy| Jeter Rehab Therapy  
1900 L St NW #607 Washington, DC 20036  
P: 202.528.7223 E: JeterRehab@aol.com                                                                                                                                           |
| Occupational Therapy| Sensational Kids Therapy Group  
4400 Jenifer Street New Suite 280 Washington, DC 20015  
P: 202.244.8089 E: office@sensationalkids-therapy.com                                                                                                                  |
| Occupational Therapy| Something 2 Talk About  
9470 Annapolis Road Suite 409 Lanham, MD 20706  
P: 301.661.4769 E: admin@s2talkabout.net                                                                                                                                       |
| Occupational Therapy| The Connections Therapy Center  
9470 Annapolis RD, Suite 416 Lanham, MD 20706  
P: 301.577.4333 E: info@thectcenter.com                                                                                                                                       |
| Occupational Therapy| Weinfeld Education Group  
104 Northwood Avenue, Silver Spring, MD 20901  
P: 301.681.6233 E: admin@weinfeldeducationgroup.com                                                                                                                                  |
| Occupational Therapy| My Brother’s Keeper Transitional Living Service ([www.MBKDC.org](http://www.MBKDC.org))  
2616 Georgia Avenue NW  
Washington DC 20001  
P: 202-386-6311 E: awashington@mbkdc.org                                                                                                                                 |
| Social History      | My Brother’s Keeper Transitional Living Service ([www.MBKDC.org](http://www.MBKDC.org))  
2616 Georgia Avenue NW  
Washington DC 20001  
P: 202-386-6311 E: awashington@mbkdc.org                                                                                                                                 |
| Social History      | The Mecca Group, LLC  
1629 K Street NW, Suite 300 Washington, DC 20006  
P: 202.529.3117 E: administrator@themeccagroupllc.com                                                                                                                      |
| Social History      | Weinfeld Education Group  
104 Northwood Avenue, Silver Spring, MD 20901  
P: 301.681.6233 E: admin@weinfeldeducationgroup.com                                                                                                                                  |
| Assistive Technology| Columbia Lighthouse for the Blind  
1825 K Street NW, Suite 1103, Washington, DC 20006  
P: 202.454.6400 E: info@clb.org                                                                                                                                              |
| Assistive Technology| HSC Pediatric Center  
1731 Bunker Hill Road, NE, Washington DC 20017  
P: 202.832.4400 E: sbowles@hschealth.org                                                                                                                                          |
| Assistive Technology| My Brother’s Keeper Transitional Living Service ([www.MBKDC.org](http://www.MBKDC.org))  
2616 Georgia Avenue NW  
Washington DC 20001  
P: 202-386-6311 E: awashington@mbkdc.org                                                                                                                                 |
<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>PROVIDER NAME AND CONTACT</th>
</tr>
</thead>
</table>
| Assistive Technology      | Out of the Box Accessibility Solutions  
P: 571.439.5697                                                                              |
| Assistive Technology      | Weinfeld Education Group  
104 Northwood Avenue, Silver Spring, MD 20901  
P: 301.681.6233  
E: admin@weinfeldeducationgroup.com                                         |
| Auditory Processing Disorder Audiology | Chattering Children  
4880 MacArthur Blvd, NW Washington, DC 20007  
P: 202.333.1403  
E: info@chatteringchildren.org                                         |
| Adaptive Physical Education (APE) | My Brother’s Keeper Transitional Living Service ([www.MBKDC.org](https://www.MBKDC.org))  
2616 Georgia Avenue NW  
Washington DC 20001  
P: 202-386-6311  
E: awashington@mbkdc.org                                          |
Independent Services Guidance for Families

What are independent education services?

Independent education services are educational services, including specialized instruction and related services, provided to students to make up for or compensate for services not provided by a school. The authorization letter you received along with this guide includes the specific type and amount of independent services that have been awarded to your student. Please note that these services often have a “deadline for completion” and will expire if not used by the specified date.

Types of independent education services

Independent education services can include many different types of services to assist your student in compensating for any missed specialized instructional time and/or related services. Specific types of services may require specific licensing requirements. See the chart below for a list of required licenses needed to perform independent services in Washington D.C.¹

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CREDENTIAL REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring</td>
<td>Provider resume</td>
</tr>
<tr>
<td>Counseling</td>
<td>DC Department of Health Professional Counseling License, or DC Department of Health Social Work License, or DC Department of Health Psychology License</td>
</tr>
<tr>
<td>Mentoring</td>
<td>Provider resume</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>DC Department of Health Occupational Therapy License</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>DC Department of Health Physical Therapy License</td>
</tr>
<tr>
<td>Behavior Support Services</td>
<td>DC Department of Health Psychology License, or DC Department of Health Social Work License, or DC Department of Health Professional Counseling License</td>
</tr>
<tr>
<td>Speech-Language Pathology</td>
<td>DC Department of Health Speech-Language Pathology License</td>
</tr>
<tr>
<td>Applied Behavioral Analysis</td>
<td>Provider resume</td>
</tr>
</tbody>
</table>

Steps to Use Independent Services

Step 1 – Review the authorization letter

The authorization letter specifies the type and number of independent services your student is authorized to receive. Keep a copy of the authorization document for your records.

Step 2—Select a service provider

This guide includes a list of some known providers in the Washington, D.C. area. You may select providers from this list or choose another provider who will best serve your student. Please keep in mind that the provider must meet the licensure or certification requirements contained in this guide. Additionally, ensure that your selected provider will perform the services for the rate specified. Rates for services are set by the OSSE and are updated yearly.²

¹ Providers working in other jurisdictions (e.g., Maryland or Virginia) must meet the equivalent license requirements for the area in which they practice.
² https://osse.dc.gov/publication/nonpublic-services-rate-chart
Step 3—Notify DCPS of service provider(s)
Once you have selected a provider, provide your DCPS point of contact (Resolution Specialist or Nonpublic Monitoring Specialist) with the name and current contact information, including email address, of the vendor you have selected.

Step 4—Provide a copy of your authorization letter to your selected service provider
Keep a copy of the authorization letter for your records.

Schedule and participate in service sessions
PLEASE NOTE: Independent education services MAY NOT be provided on school property or during school hours (8:30am-3:30pm Monday-Friday). Your student MAY NOT receive independent service sessions during normal school hours if absent from school.

Track your student’s hours
Although the service provider will bill DCPS for the hours serviced, families should also track the date and time of each hour used to ensure your student receives all hours authorized. Additionally, a DCPS representative may reach out to verify the dates and times submitted by the service provider.

Step 5—Verify services
At the end of each service session, you must sign a service log verifying the date and time in which services occurred. You should not sign the service log prior to any service sessions. If your student is at least 16 years old at the time of service, they may sign the log at the end of each service session.

Step 6—Notify DCPS of any changes.
You may change providers at any point. Please notify any new providers of the number of authorized hours that have already been completed and give them a copy of the authorization letter. Additionally, notify the DCPS staff member who authorized the services of any changes to service providers.
Independent Service Provider Directory

This directory includes a list of some known service providers in the Washington, D.C. area. DCPS does not endorse any providers or companies, and this list is merely meant as an aid to begin your search to identify providers who can support your student. You may select providers who are not included on this list as long as they meet the any applicable credentialing requirement outlined above.

**Tutoring – Maximum Hourly Rate: $71.90**

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Advent Educational Specialists, Inc           | Ron Mills 202.787.0036               | • Hours of Operation: Sunday - Friday (8:30am - 6:30pm) Language(s): English  
  • Services can be provided at the student’s home |
| Club Z Tutoring                               | Ron Joiner 202.269.2718 www.clubztutoring.com | • Hours of Operation: Monday - Friday (9:00am - 5:00pm)  
  • Language(s): English, Spanish, French, and German  
  • Services can be provided at the student’s home |
| C-3 Solutions                                 | Elizabeth Smith 443.404.5101         | • Hours of Operation: Monday - Friday (8:00am - 6:00pm)  
  • Language(s): English  
  • Services can be provided at the student’s home or closest library |
| Future Leaders of America                    | 240.770.7153 www.leadersfirst.us     | • Hours of Operation: Based on student’s availability  
  • Language(s): English |
| H.E.L.P/Educational Support Services          | Shawn Strader 202.232.1137           | • Hours of Operation: Monday – Friday (after school, last client seen at 7pm)  
  • Language(s): Spanish, Amharic, and French |
| Pathway to Success                           | Terrance Jackson 202.469.0944        | • Hours of Operation: Monday – Saturday (flexible hours)Language(s): English and Spanish  
  • Services can be provided at the student’s home |
| Prodigy Student Support Services              | 202.510.5192                         | • Hours of Operation: Monday - Saturday  
  • Language(s): English |
| Project MBrace                                | Ms. Simpson 202.621.3447             | • Hours of Operation: Monday – Saturday (flexible hours)  
  • Language(s): English  
  • Services can be provided at the student’s home |
| Ravizee Education Consulting                 | Charmaine Ravizee 202.497.5003       | • Hours of Operation: Flexible hours  
  • Language(s): English |
| Educational Resources                         | Derek Marryshow 301.661.2348         | • Hours of Operation: Flexible hours  
  • Language(s): English |
| Education Due Process Solutions               | Jessica Williams 240.294.6047 jessica@educationdps.com | • Hours of Operation: Monday - Friday (8:00am - 8:00pm)  
  • Language(s): English |
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Education Solutions         | Jay Michney 703.312.5300 jmichney@verizon.net | • Hours of Operation: Monday - Saturday (flexible hours)  
                           |                                                                           | • Language(s): English                                                  |
| R&J Consulting              | Ron Joiner 202.269.2718                     | • Hours of Operation: Monday - Friday                                  |
|                             |                                                                           | • Language(s): English                                                  |
| Martha’s Table              | 202.328.6608                                                             | • Hours of Operation: Monday - Friday                                   |
|                             |                                                                           | • Language(s): English                                                  |
| Georgetown Tutoring         | Lisa Kolovich 301.919.4469 support@georgetowntutoring.com               | • Hours of Operation: Monday - Saturday                                 |
|                             |                                                                           | • Language(s): English                                                  |
| Latin American Youth Center Programs (LAYC) | 202.319.2225 www.layc-dc.org | • Hours of Operation: Monday, Wednesday, and Friday (8am-7pm) and Tuesday and Thursday (8am-8pm)  
    | | • Language(s): English and Spanish                                        |
| Lynn Kaplan (SPED Math Tutor) | 301.300.6425 mathkaplan@gmail.com | • Hours of Operation: Monday - Friday (flexible hours)  
                           | | • Language(s): English                                                   |

*Counseling & Behavior Support Services—Hourly Rate Dependent on Provider Qualifications*

Rates for counseling and behavior support services (BSS) depend on the provider’s qualifications. See the OSSE COA guidance for the current hourly rates and corresponding certifications. Generally, a Licensed Social Worker (LCSW, LICSW, etc.) provides counseling or behavior support in a school setting, but others, including a mental health counselor, psychologist or psychiatrist could also provide these services.

Please note: a Hearing Officer Determination (HOD) may specify a certain rate that differs from those included on the most recent OSSE COA guidance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
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</thead>
</table>
| Pathways to Success:                   | Terrance Jackson 202.469.0944                | • Hours of Operation: Monday - Saturday (flexible hours)  
    |                                                                           | • Language(s): English and Spanish                                      |
| Latin American Youth Center Program (LAYC): | 202.319.2225 www.layc-dc.org | • Hours of Operation: Monday, Wednesday, and Friday (8am - 7pm) and Tuesday and Thursday (8am - 8pm)  
<pre><code>| | • Language(s): English and Spanish                                        |
</code></pre>
<p>| Affordable Behavioral Consultants:     | 301.386.7722 <a href="http://www.abcmaryland.com">www.abcmaryland.com</a>              | • Hours of Operation: Monday - Friday                                  |
| Inner City Family Services             | 202.525.4855 <a href="http://www.innercityfamilyservices.com">www.innercityfamilyservices.com</a>  | • Hours of Operation: Monday - Friday                                  |
| My Brother’s Keeper Transitional Living Service | 202-386-6311 <a href="mailto:awashington@mbkdc.org">awashington@mbkdc.org</a> | • Contact for more information                                        |
| Life Enhancement Services              | 202.269.2401 <a href="http://www.lifeenhancementservices.org/dc">www.lifeenhancementservices.org/dc</a> | • Hours of Operation: Monday - Friday                                  |
| George Washington University Meltzer Center | 202.944.5395 | • Hours of Operation: Monday – Friday (flexible hours)Language(s): English |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
</table>
| AAC Counseling Associates                 | Patricia Webbink 301.229.0044              | • Hours of Operation: Monday - Friday (flexible hours)  
• Language(s): English |
| Advent Educational Specialists, Inc       | Ron Mills 202.787.0036                     | • Hours of Operation: Sunday - Friday (8:30am - 6:30pm)  
• Language(s): English  
• Services can be provided at the student’s home |
| Crawford Consulting and Mental Health Services | Patrick A. Crawford 301.341.5111 www.crawfordconsulting.org | • Hours of Operation: Monday - Friday (9:00am - 8:30pm) and Saturday (9:00am - 3:00pm)  
• Language(s): English  
• Services provided in office (DC: Anacostia Metro; MD: Cheverly Metro) |

Mentoring Services—Maximum Hourly Rate: $71.90

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<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
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</thead>
</table>
| MEL Mentoring Program                     | Melissa Patterson-Latson 240.504.2791      | • Hours of Operation: Flexible hours  
• Language(s): English  
• For youth girls 8-15 |
| Life Enhancement Services                 | 202.269.2401 www.lifeenhancementservices.org/dc | • Hours of Operation: Monday - Friday  
• Language(s): English |
| Affordable Behavioral Consultants         | 301.386.7722                                | • Hours of Operation: Monday - Friday  
• Language(s): English |
| Latin American Youth Center Program (LAYC) | 202.319.2225 www.layc-dc.org               | • Hours of Operation: Monday, Wednesday, and Friday (8am - 7pm) and Tuesday and Thursday (8am - 8pm)  
• Language(s): English |
| My Brother’s Keeper Transitional Living Service | 202-386-6311 awashington@mbkdc.org         | • Contact for more information |
| Pathways to Success                       | Terrance Jackson 202.469.0944              | • Hours of Operation: Monday – Saturday (flexible hours)  
• Language(s): English and Spanish |

**Occupational Therapy (including Orientation and Mobility Services)—Maximum Hourly Rate: $130.38**

Orientation and mobility services can include services provided by the following qualified individuals: Low Vision Therapist, Orientation & Mobility Specialist, Vision Rehab Therapist. Orientation and mobility services are authorized at the same hourly rate as occupational therapy. If your student has been authorized to receive orientation and mobility services, please ensure your selected vendor can provide these services.

<table>
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<tr>
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</table>
| Advent Educational Specialists, Inc       | Ron Mills 202.787.0036                     | • Hours of Operation: Sunday - Friday (8:30am - 6:30pm)  
• Language(s): English  
• Services can be provided at the student’s home |
<table>
<thead>
<tr>
<th>Name</th>
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<th>Notes</th>
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<tbody>
<tr>
<td><strong>Name</strong></td>
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<td><strong>Notes</strong></td>
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</tbody>
</table>
| **C-3 Solutions**        | Charles Thomas 443.404.5101                | • Hours of Operation: 8:00am - 6:00pm  
• Language(s): English  
• Services provided at the student’s home or closest library |
| **Skills on the Hill**   | Kristen Masci 202.544.5439                 | • Hours of Operation: Based on student’s availability  
• Language(s): English |
| **Something 2 Talk About** | 301-661-4729  
www.s2talkabout.net | • Hours of Operation: Monday - Friday  
• Language(s): English |
| **HSC Pediatric Center** | 202-832-4400  
www.hscpediatriccenter.org | • Hours of Operation: Monday - Friday  
• Language(s): English and Spanish |
| **My Brother’s Keeper Transitional Living Service** | 202-386-6311  
awashington@mbkdc.org | • Contact for more information |
| **Jeter Rehab Therapy**  | 202.528.7223                                | • Hours of Operation: Monday - Friday  
• Language(s): English |
| **Sensational Kids Group Therapy** | 202-244-8089 | • Hours of Operation: Monday - Friday  
• Language(s): English |

**Physical Therapy—Maximum Hourly Rate: $115.05**

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<tr>
<th>Name</th>
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<tr>
<td><strong>Name</strong></td>
<td><strong>Contact Information</strong></td>
<td><strong>Notes</strong></td>
</tr>
</tbody>
</table>
| **Advent Educational Specialists, Inc** | Ron Mills 202.787.0036 | • Hours of Operation: Sunday - Friday (8:30am - 6:30pm)  
• Language(s): English  
• Services can be provided at the student’s home |
| **C-3 Solutions**             | Charles Thomas 443.404.5101                | • Hours of Operation: 8:00am - 6:00pm  
• Language(s): English  
• Services provided at the student’s home or closest library |
| **Jewel Therapy**             | Winfield White, Diana Davenport 301.520.9376 | Hours of Operation: Monday - Friday (3:30pm - 5:30pm); Saturdays on request  
Language(s): English  
Services provided at the student’s home |
| **My Brother’s Keeper Transitional Living Service** | 202-386-6311  
awashington@mbkdc.org | • Contact for more information |
| **Multicultural Rehab, Inc** | 301.754.2003  
www.mrehab.com | • Hours of Operation: Monday - Friday (9:00am - 5:00pm)  
• Language(s): English and Spanish  
• Services can be provided at the student’s home |
| **HSC Pediatric Center**     | 202-832-4400  
www.hscpediatriccenter.org | • Hours of Operation: Monday - Friday  
• Language(s): English |
### Applied Behavioral Analysis (ABA) — Hourly Rate Aligned to Counseling & Behavior Support Services

<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
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</thead>
</table>
| Autism Outreach Inc       | Leslie Smith and Kelli O’Donnell, 703.789.0019 | • Hours of Operation: Monday - Friday (8:00am - 7:00pm); Saturday by appointment  
• Language(s): English  
• Services can be provided at the student’s home  |
| The Connections Therapy Center | 301.577.4333                              | • Hours of Operation: Monday - Friday (9:00am - 5:00pm)  
• Language(s): English  |
| My Brother’s Keeper Transitional Living Service | 202-386-6311 awashington@mbkdc.org | • Contact for more information  |
| Early Autism Solutions    | 202-321-6305                              | • Hours of Operation: Monday - Friday (9:00am - 5:00pm)  
• Language(s): English  |
| Jacob’s Promise           | 301-576-5487 www.jacobspromise.com        | • Hours of Operation: Monday - Friday (9:00am - 5:00pm)  
• Language(s): English  |

### Speech Pathology Services — Maximum Hourly Rate $114.10

<table>
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<tr>
<th>Name</th>
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<th>Notes</th>
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</table>
| Advent Educational Specialists, Inc | Ron Mills 202.787.0036                     | • Hours of Operation: Sunday - Friday (8:30am - 6:30pm)  
• Language(s): English  
• Services can be provided at the student’s home  |
| C-3 Solutions                     | Elizabeth Smith 443.404.5101               | • Hours of Operation: Monday - Friday (8:00am-5:30pm)  
• Language(s): English  
• Services can be provided at the student’s home  |
| My Brother’s Keeper Transitional Living Service | 202-386-6311 awashington@mbkdc.org | • Contact for more information  |
| On Target Speech and Language Consulting | Bradley M. Zambanini 202.421.6604 www.ontargetspeech.com | • Hours of Operation: Monday - Friday (8:00am - 8:00pm); by appointment  
• Language(s): English  
• Services can be provided at the student’s home  |
| Outreach Solutions Inc           | Mr. Bell 301.574.8027                      | • Hours of Operation: Monday - Friday (8:00am - 6:00pm)  
• Language(s): English  
• Services can be provided at the student’s home or closest library  |
<p>| Unlimited Expressions            | Jennifer Brooks 202.744.8158               | • Hours of Operation: Monday - Friday (8:00am - 6:00pm)  |</p>
<table>
<thead>
<tr>
<th>Name</th>
<th>Contact Information</th>
<th>Notes</th>
</tr>
</thead>
</table>
| Behavior and Education Solutions | 240.398.3514       | • Language(s): English  
• Services can be provided at the student’s home or closest library |
| Something 2 Talk About       | 301.661.4729        | • Hours of Operation: Monday - Friday  
• Language(s): English and Spanish                                      |
| Pathways to Success          | Terrance Jackson    | • Hours of Operation: Monday - Saturday (flexible hours)  
• Language(s): English and Spanish                                       |
| HSC Pediatric Center         | 202.832.4400        | • Hours of Operation: Monday - Friday  
• Language(s): English                                                   |
Reimbursement Guidance for Families

Reimbursement Types

Some settlement agreements (SA) or Hearing Officer Determinations (HOD) require DCPS to reimburse families upon receipt of satisfactory proof of payment. The table below lists each reimbursement type and links to the corresponding reimbursement checklist that must be completed and submitted to the DCPS point of contact.

<table>
<thead>
<tr>
<th>Reimbursement Type</th>
<th>Reimbursement Checklist (Link)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Compensatory Education Services</td>
<td>Reimbursement Checklist – Compensatory Education Services</td>
</tr>
<tr>
<td>Other Compensatory Education Services (Outside of School Day)</td>
<td>Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)</td>
</tr>
<tr>
<td>Transportation (Privately Owned Vehicle)</td>
<td>Reimbursement Checklist – Transportation (Privately Owned Vehicle)</td>
</tr>
<tr>
<td>Transportation</td>
<td>Reimbursement Checklist - Transportation</td>
</tr>
<tr>
<td>Tuition</td>
<td>Reimbursement Checklist - Tuition</td>
</tr>
</tbody>
</table>

Frequently Asked Questions

The Frequently Asked Questions below address the most common questions related to reimbursement. If you have any additional questions related to reimbursement, contact the DCPS point of contact included on the authorization document.

**Why do I need to submit a W-9 form? ([www.irs.gov/FormW9](http://www.irs.gov/FormW9))?**

A W-9 form is required to ensure that payment is issued and tracked properly. Without a W-9 on file, payment cannot be issued.

Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 forms. To ensure no additional delays in payment, submit your completed, signed W-9 form to your DCPS point of contact prior to submitting your reimbursement request.

**Will my reimbursement be reported as income and/or taxed?**

No. By receiving reimbursement for services provided to your student, you will not receive a 1099 form. The reimbursement payment will not be reported as income nor will taxes be applied. Should you have any questions about this form, please email 1099inquiries@dc.gov.

**Why do I need to complete a Certification Form for Compensatory Education Services/Other Compensatory Education Services?**

When vendors submit invoices for compensatory education services, they submit an invoice service log that demonstrates date, start time & end time, and parent or guardian signature verifying services. Since the compensatory education services hours authorized by the HOD or SA could span over a long period of time or occur during normal school hours, families can complete the certification form for compensatory education services/other compensatory education services upon requesting reimbursement.

**How do I complete the “Service period” field?**

Specify the dates in which services were provided as ordered by the HOD or SA (e.g., March 2017 – June 2017).
**Why do I need to submit an itemized account statement AND proof of payment (canceled check, credit card statement, or bank statement)?**

The itemized account statement provides a detailed description regarding payments that have been made. Proof of payment demonstrates the method in which payments were made. It is imperative that sufficient proof of payment is provided so that DCPS can verify that the payments were applied to the time period that is mentioned in the HOD or SA.

**What is a canceled check?**

A canceled check is a check that has been paid by the bank they are drawn on. After the money is deducted from your checking account, the bank will cancel the check so it can no longer be used.

**How should I list and number my supporting documentation?**

Number your supporting documentation in the order in which it included on the checklist (excluding your W-9 form). There is a space at the bottom of each checklist to number and list supporting documentation.

Example: ○ HOD  
○ Evaluation Report  
○ Itemized Account Statement/Invoice  
○ Proof of Payment

Then, write the corresponding numbers on the actual documents.
Reimbursement Checklist—Compensatory Education Services

STUDENT INFORMATION
Name: _________________________________  DOB: _________________________________

State ID (USI): ___________________________  School: ________________________________

PAYEE INFORMATION
☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT
☐ Indicate the type(s) of authorizing document and attach a full copy:
  ☐ Hearing Officer Determination (HOD)
  ☐ Settlement Agreement (SA)
  ☐ District Court Order
  ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

CERTIFICATION FORM
☐ Attach signed “Certification Form for Compensatory Education Services”

PAYMENT CONFIRMATION
☐ Submit payment confirmation from the provider on company letterhead. Payment confirmation must include the following information:
  ☐ Student name
  ☐ Service Type
  ☐ Service date(s)
  ☐ Start and end time(s)
  ☐ Hours completed
  ☐ Amount paid

PROOF OF PAYMENT
Select the proof(s) of payment from the list below that are included in your reimbursement packet:
  ☐ Canceled check(s): Check number and amount(s) must match the provider’s payment confirmation
  ☐ Credit card statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation
  ☐ Bank statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). If any proof of payment amount does not match the individual charges on the itemized account statement, there must be a breakdown of the payment amount (attach additional pages as needed).

___________________________________________________________________________________________
___________________________________________________________________________________________
_____________________________________________  __________________________________________
Certification Form for Compensatory Education Services

STUDENT INFORMATION
Name: _________________________________ DOB: _________________________________
State ID (USI): ___________________________ School: _______________________________

SERVICE INFORMATION
Type of service: __________________________________ 
Service period: __________________________________ 
Hours Completed: _________________________________
Authorized hourly rate: $____________ 

__________________________________________
Service Provider Signature Date

__________________________________________
Service Provider Printed Name

CERTIFICATION STATEMENT
I, __________________________________________, certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

__________________________________________
Parent/Guardian Signature Date

__________________________________________
Parent/Guardian Printed Name

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS
Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405)
Reimbursement Checklist – Independent Educational Evaluation (IEE)

STUDENT INFORMATION
Name: ___________________________________ DOB: ________________________________
State ID (USI): ___________________________ School: ________________________________

PAYEE INFORMATION
☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT
☐ Indicate the type(s) of authorizing document at attach a full copy:
  ☐ Hearing Officer Determination (HOD)
  ☐ Settlement Agreement (SA)
  ☐ District Court Order
  ☐ Reimbursement Authorization Letter

*List and number the type of document (number must be written on the document as well)*

EVALUATION REPORT
☐ Attach a copy of the completed, signed evaluation report on company letterhead, with the evaluator’s credentials (license/certification number).

ITEMIZED ACCOUNT STATEMENT/INVOICE
☐ Attach an itemized account statement/invoice from the evaluator on company letterhead. The account statement/invoice must include the following information:
  ☐ Student name
  ☐ Evaluation type
  ☐ Evaluation date
  ☐ Amount paid
  ☐ Method of payment

PROOF OF PAYMENT
Select the proof(s) of payment from the list below that are included in your reimbursement packet:
  ☐ Canceled check(s): Check number and amount(s) must match the provider’s payment confirmation
  ☐ Credit card statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation
  ☐ Bank statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation

*List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.*
Reimbursement Checklist – Other Compensatory Education Services (Outside of School Day)

STUDENT INFORMATION
Name: ________________________________  DOB: ________________________________
State ID (USI): ___________________________  School: ________________________________

PAYEE INFORMATION
☐ Attach a completed W‐9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTORIZING DOCUMENT
☐ Indicate the type(s) of authorizing document and attach a full copy:
   ☐ Hearing Officer Determination (HOD)
   ☐ Settlement Agreement (SA)
   ☐ District Court Order
   ☐ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

CERTIFICATION FORM
☐ Attach signed “Certification Form for Compensatory Education Services”

PAYMENT CONFIRMATION
☐ Submit payment confirmation from the provider on company letterhead. Payment confirmation must include the following information:
   ☐ Student name
   ☐ Service Type
   ☐ Service date(s)
   ☐ Start and end time(s)
   ☐ Hours completed
   ☐ Amount paid

PROOF OF PAYMENT
Select the proof(s) of payment from the list below that are included in your reimbursement packet:
   ☐ Canceled check(s): Check number and amount(s) must match the provider’s payment confirmation
   ☐ Credit card statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation
   ☐ Bank statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
Certification Form for Compensatory Education Services

STUDENT INFORMATION
Name: _________________________________  DOB: _________________________________
State ID (USI): ___________________________  School: _________________________________

SERVICE INFORMATION
Type of service: _________________________________
Service period: _________________________________
Hours Completed: _________________________________
Authorized hourly rate: $____________

____________________________________  __________________________
Service Provider Signature  Date

____________________________________
Service Provider Printed Name

CERTIFICATION STATEMENT
I, _________________________________, certify that the above information is true to the best of my knowledge and belief and I understand that my reimbursement request is subject to verification by DCPS upon receipt of additional documentation as required.

CERTIFICATION SIGNATURE

____________________________________  __________________________
Parent/Guardian Signature  Date

____________________________________
Parent/Guardian Printed Name

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS
Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance which the statement could reasonably be expected to be relied upon as true (DC Code 22-2405)
Reimbursement Checklist - Transportation (Privately Owned Vehicle)

STUDENT INFORMATION
Name: _________________________________ DOB: _________________________________
State ID (USI): ___________________________ School: _________________________________

PAYEE INFORMATION
☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTHORIZED DOCUMENT
☐ Indicate the type(s) of authorizing document and attach a full copy:
  ☐ Hearing Officer Determination (HOD)
  ☐ Settlement Agreement (SA)
  ☐ District Court Order
  ☐ Reimbursement Authorization Letter
List and number the type of document (number must be written on the document as well)

VERIFICATION FORM
Submit a signed Parental Verification of Transportation for Mileage Reimbursement for the current year, unless a previous year’s IRS rate is specified on the authorizing document.

MILEAGE PRINTOUT
☐ Submit a mileage printout that shows the distance from home to school (e.g., Google Maps or Apple Maps)

ATTENDANCE RECORDS
☐ Submit student’s school attendance record; must be on official school letterhead.

SUPPORTING DOCUMENTATION
☐ List and number each type of supporting documentation below. The corresponding number must be written on the document as well. Attach additional pages as needed.
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
Parental Verification of Transportation for Mileage Reimbursement

I, _________________________________ verify that I transported my child to/from my home located at:

______________________________ to/from his/her school located at:

______________________________ on the dates listed on the travel log attached to this verification. I understand that reimbursement of the transportation requested on this form is subject to verification by DPCS upon receipt of official attendance records from the student’s school, and if verified, it will be reimbursed at the 2017 standard IRS mileage rate of 53.5 cents per mile.

____________________________________  ______________________
Parent/Guardian Printed Name                Date

____________________________________  ______________________
Parent/Guardian Signature                   Date

____________________________________  ______________________
DCPS Representative                        Date

Criminal Penalties for Making False Statements

Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code 22-2405)
Reimbursement Checklist – Transportation

STUDENT INFORMATION
Name: _________________________________ DOB: _________________________________

State ID (USI): ___________________________ School: ________________________________

PAYEE INFORMATION
☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT
☐ Indicate the type(s) of authorizing document and attach a full copy:
  □ Hearing Officer Determination (HOD)
  □ Settlement Agreement (SA)
  □ District Court Order
  □ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

VERIFICATION FORM
Submit a signed Parental Verification of Transportation for Mileage Reimbursement for the current year, unless a previous year’s IRS rate is specified on the authorizing document.

PAYMENT CONFIRMATION
☐ Submit payment confirmation from the provider on company letterhead. Document(s) must include the following information:
  □ Student name
  □ Transportation date(s)
  □ Pick-up and drop-off location(s)
  □ Pick-up and drop-off time(s)
  □ Amount paid

PROOF OF PAYMENT
Select the proof(s) of payment from the list below that are included in your reimbursement packet:
  □ Canceled check(s): Check number and amount(s) must match the provider’s payment confirmation
  □ Credit card statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation
  □ Bank statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

___________________________________________________________________________________________
___________________________________________________________________________________________
_________________________________________________________________________________________________
Parental Verification of Transportation for Mileage Reimbursement

I, ____________________________, verify that I transported my child to/from my home located at:

__________________________________________ to/from his/her school located at:

__________________________________________ on the dates listed on the travel log attached to this verification. I understand that reimbursement of the transportation requested on this form is subject to verification by DPCS upon receipt of official attendance records from the student’s school, and if verified, it will be reimbursed at the 2017 standard IRS mileage rate of 53.5 cents per mile.

__________________________________________  ______________________________________
Parent/Guardian Printed Name                  Date

__________________________________________  ______________________________________
Parent/Guardian Signature                     Date

__________________________________________  ______________________________________
DCPS Representative                          Date

CRIMINAL PENALTIES FOR MAKING FALSE STATEMENTS

Any person convicted of making false statements shall be fined not more than $1,000 or imprisoned for not more than 180 days, or both. A person commits the offense of making false statements if that person willfully makes a false statement that is in fact material, in writing, directly or indirectly to any instrumentality of the District of Columbia government, under circumstance in which the statement could reasonably be expected to be relied upon as true. (DC Code 22-2405)
Reimbursement Checklist – Tuition

STUDENT INFORMATION
Name: _________________________________ DOB: ________________________________
State ID (USI): ____________________________ School: ________________________________

PAYEE INFORMATION
☐ Attach a completed W-9 Request for Taxpayer Identification Number and Certification for payee. See HERE for instructions and the most recent version of this form.

AUTHORIZING DOCUMENT
☐ Indicate the type(s) of authorizing document and attach a full copy:
   □ Hearing Officer Determination (HOD)
   □ Settlement Agreement (SA)
   □ District Court Order
   □ Reimbursement Authorization Letter

List and number the type of document (number must be written on the document as well)

ITEMIZED ACCOUNT STATEMENT
☐ Submit an itemized account statement from the school on official school letter head. Account statement must include the following information:
   □ Student’s name
   □ Parent or Guardian’s name
   □ Type of individual charge and the applicable time period (Example: Tuition – January 2022)
   □ Confirmation of payment
   □ Method of payment

PROOF OF PAYMENT
Select the proof(s) of payment from the list below that are included in your reimbursement packet:
   □ Canceled check(s): Check number and amount(s) must match the provider’s payment confirmation
   □ Credit card statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation
   □ Bank statement (filtered): Payment must be issued to the provider and amount(s) must match the provider’s payment confirmation

List and number each type of proof of payment below and include the details mentioned above (number must be written on the document as well). Include a breakdown of the payment amount for any proof of payment amount that does not match the individual charges on the itemized account statement.

___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________
_________________________________________________________________________________________
Billing Guidance for Vendors

If you are in receipt of this document, you have been asked to complete an independent educational evaluation (IEE) or provide independent services for a DCPS student. Please review the applicable sections below for guidance related to:

- Independent Education Evaluations (IEE)
- Independent Services

NOTE: Nothing in this Family Guide or in the accompanying Independent Services Authorization Letter shall be deemed to constitute a partnership or joint venture between you and DCPS, or constitute either you or DCPS to be an agent of one another for any purpose. Neither you nor DCPS shall have any authority to act for or bind the other in any way, or to represent that such authority is held.

IEE Billing Guidance

DCPS Requirements for Independent Educational Evaluations (IEEs)

If you are in receipt of this document, you have been asked to complete an independent educational evaluation (IEE) for a DCPS student. DCPS requires that all funded IEEs summarize in writing:

- Procedures used,
- Assessment instruments used,
- Results,
- Diagnostic impressions, and
- Relevant recommendations for meeting identified needs of the student.

DCPS expects that all IEE reports will contain an educational component, including an observation of the student in his or her educational environment. All reports should be clearly written and include a robust examination of the student and review of all pertinent historical information relating to the student.

All funded IEE reports must be completed by a professional who meets the licensure, certification, and credentialing criteria for his or her discipline in Washington, D.C., or the locality of practice, or is appropriately supervised by a clinician who meets this criteria. Licensure requirements for the District of Columbia are listed here. Additionally, all IEE reports must be provided on the letterhead of the vendor (or provider) to include the evaluation date, evaluator’s signature, and credentials.

The Individuals with Disabilities Education Act (IDEA), 20 U.S.C. 1400, et seq., mandates that all states and school districts must make available a free and appropriate education to all students with disabilities between the ages of three and twenty-one. States and school districts must ensure that each student receiving special education services must have an individualized education program (IEP) that identifies the special education and related services that must be provided to meet each child’s individual needs.

IEE Billing Information and Invoicing Process

- Determine whether the student attends a Nonpublic, DCPS-LEA charter, or DCPS school.³

³ Details about this distinction may be found at the OSSE website http://osse.dc.gov under the section “Special Education.”
- DCPS processes invoices for students attending DCPS schools or a DCPS-LEA charter school. See here for invoicing guidance for students attending DCPS schools and DCPS-LEA charter schools.
- The Office of the State Superintendent of Education (OSSE) processes invoices for DCPS students attending Nonpublic schools. See here for invoicing guidelines for Nonpublic students.
  - Send completed copies of completed evaluations to families, the DCPS staff member identified in the authorization letter as well as including it as part of any invoice packet submitted to DCPS or OSSE for payment.
  - By submitting your invoice, you represent and acknowledge that you meet the licensure, certification, and credentialing criteria for your evaluation discipline outlined here.
  - Notify the family before beginning any evaluations if an extenuating circumstance will prevent you from billing DC Government (DCPS or OSSE) directly. The family will need to discuss this with their DCPS point of contact before proceeding.
  - Notify the family before beginning any evaluations if you cannot complete the evaluation for the rate or maximum total specified in the authorization letter. Maximum hourly rates and totals can be found here.
  - Contact the DCPS staff member identified in the authorization letter if you have any questions prior to submitting your completed packet.

For students attending DCPS schools and DCPS-LEA charter schools
Submit completed invoice packets by email to: dcps.invoices@dc.gov (cc: comped.dcps@k12.dc.gov). As a note: dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@k12.dc.gov and reference the invoice number and submission date.

All invoices must include the documents and information outlined in the table below:

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Document MUST Include</th>
</tr>
</thead>
<tbody>
<tr>
<td>Invoice Submission Cover Sheet (See here for template.)</td>
<td>Student’s name</td>
</tr>
<tr>
<td></td>
<td>Student’s date of birth</td>
</tr>
<tr>
<td></td>
<td>Student’s attending school</td>
</tr>
<tr>
<td></td>
<td>Student’s DCPS ID number</td>
</tr>
<tr>
<td></td>
<td>Invoice number</td>
</tr>
<tr>
<td>A copy of the entire IEE authorization letter/HOD/SA</td>
<td></td>
</tr>
<tr>
<td>A copy of the evaluation report on company letterhead</td>
<td>Evaluator’s signature</td>
</tr>
<tr>
<td></td>
<td>Evaluator’s credentials</td>
</tr>
<tr>
<td></td>
<td>Evaluator’s email address</td>
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<tr>
<td></td>
<td>Evaluation date(s)</td>
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<tr>
<td>A copy of the evaluator’s current license/credentials</td>
<td></td>
</tr>
<tr>
<td>Completed W-9 tax form†</td>
<td></td>
</tr>
</tbody>
</table>

† This is only required for providers who have never submitted invoices for payment to DCPS before. This form only needs to be submitted with your first invoice and when there is any change to the information contained therein (ex. address, telephone number). Providers may inquire whether there is a current W9 on file by emailing dcvendorsupport@dc.gov.
**Type of Document**  
Master Supplier form  
(See here for form)

**Document MUST Include**  
All required fields

**For students attending Nonpublic schools**  
Submit all invoice packets by mail to one of the addresses included below. If you have any questions prior to submitting your completed invoice packet, please contact Yvonne Smith via email: (yvonne.smith@dc.gov) or phone: (202) 741-5996.

If sent by **U.S. Mail:**  
Office of State Superintendent of Education  
Nonpublic Payment Program  
P.O. Box 77167  
Washington, DC 20013-8167

If sent by **Express Mail or hand delivery:** Office of State Superintendent of Education  
Nonpublic Payment Program  
441 4th Street NW, Ste. 350 North  
Washington, DC 20001

All invoices **must** include the documentation and required information outlined in the table below:

<table>
<thead>
<tr>
<th>Type of Document</th>
<th>Information Document MUST Include</th>
</tr>
</thead>
</table>
| Invoice for services on company letterhead | Student’s name  
Student’s date of birth  
Student’s attending school  
Student’s DCPS ID number |
| A copy of the entire IEE authorization letter/HOD/SA |  
| A copy of the evaluation report on company letterhead | Evaluator’s signature  
Evaluator’s credentials  
Evaluator’s email address  
Evaluation date(s) |

**District of Columbia Licensure Requirements**

<table>
<thead>
<tr>
<th>DISCIPLINE</th>
<th>EVALUATION TYPE</th>
<th>CREDENTIAL REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychology</td>
<td>Psychological Assessment and Functional Behavior Assessment</td>
<td>DC Department of Health Psychology License</td>
</tr>
<tr>
<td>Social Work</td>
<td>Social History Assessment and Functional Behavior Assessment</td>
<td>DC Board of Social Work licensure as a social worker</td>
</tr>
<tr>
<td>Audiology</td>
<td>Audiological Assessment and Auditory Processing Disorder Assessment</td>
<td>DC Department of Health Audiology License</td>
</tr>
<tr>
<td>Speech Language Pathology</td>
<td>Speech Language Assessment and Assistive Technology Assessment (depending on referral questions)</td>
<td>DC Department of Health Speech Language Pathology License</td>
</tr>
</tbody>
</table>

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5 This document is only required for corporations and must be submitted along with a completed W9 in order to receive payment. Please allow up to 30 days for the Office of the Chief Financial Officer to input and confirm the accuracy of newly submitted W-9 and Master Supplier forms.
<table>
<thead>
<tr>
<th>DISCIPLINE</th>
<th>EVALUATION TYPE</th>
<th>CREDENTIAL REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Occupational Therapy</td>
<td>Occupational Therapy Assessment and Assistive Technology Assessment (depending on referral questions)</td>
<td>DC Department of Health Occupational Therapy License</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>Physical Therapy Assessment and Assistive Technology Assessment (depending on referral questions)</td>
<td>DC Department of Health Physical Therapy License</td>
</tr>
<tr>
<td>Behavioral Analysis</td>
<td>Functional Behavior Assessment</td>
<td>Licensed by Behavior Analyst Certification Board (Master’s degree + passing of BCBA exam)</td>
</tr>
<tr>
<td>Adaptive Physical Education</td>
<td>Adaptive Physical Education Assessment</td>
<td>Provider Resume</td>
</tr>
</tbody>
</table>

**DCPS Maximum Evaluation Rates**

The table below includes the maximum hourly rates and maximum total rates DCPS will pay for any assessment. These rates are set by the OSSE and are updated yearly.\(^6\) The specific rate cap for an assessment may also be stipulated on the IEE authorization letter for an assessment type not included on the below list. For assessments not on this list, DCPS will pay reasonable costs\(^7\).

<table>
<thead>
<tr>
<th>Evaluation Type</th>
<th>Maximum Hourly Rate</th>
<th>Maximum Total Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Comprehensive Psychological (cognitive, achievement, social-emotional, possible depression/anxiety, educational component)</td>
<td>$128.62</td>
<td>$2,500.00</td>
</tr>
<tr>
<td>Neuropsychological (cognitive, achievement and comprehensive neuropsychological battery)</td>
<td>$128.62</td>
<td>$2,958.20</td>
</tr>
<tr>
<td>Educational</td>
<td>N/A</td>
<td>$1,000.00</td>
</tr>
<tr>
<td>Occupational Therapy</td>
<td>$130.38</td>
<td>$782.25</td>
</tr>
<tr>
<td>Physical Therapy</td>
<td>$115.05</td>
<td>$460.20</td>
</tr>
<tr>
<td>Speech and Language</td>
<td>$114.10</td>
<td>$912.80</td>
</tr>
<tr>
<td>Audiological</td>
<td>$121.63</td>
<td>$486.50</td>
</tr>
<tr>
<td>Social History</td>
<td>$80.00</td>
<td>$160.00</td>
</tr>
<tr>
<td>Functional Behavior Assessment</td>
<td>N/A</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Adaptive Physical Education</td>
<td>N/A</td>
<td>$460.20</td>
</tr>
<tr>
<td>Assitive Technology</td>
<td>N/A</td>
<td>$1,550.00</td>
</tr>
<tr>
<td>Vocational I</td>
<td>N/A</td>
<td>$1,200.00</td>
</tr>
<tr>
<td>Vocational II</td>
<td>N/A</td>
<td>$2,000.00</td>
</tr>
</tbody>
</table>

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\(^6\) [https://osse.dc.gov/publication/nonpublic-services-rate-chart](https://osse.dc.gov/publication/nonpublic-services-rate-chart)

\(^7\) DCPS utilizes rates that are applicable to personnel utilized by public agencies pursuant to the District of Columbia Municipal Regulations. Reasonable and documented fees that exceed these rates may be allowed on a case-by-case basis at the discretion of the District of Columbia, when the evaluator can justify that excess costs were essential for educational and/or diagnostic purposes. **Evaluators should immediately reach out to the DCPS point of contact listed on the authorization letter to provide justification if they believe a higher rate is required to complete the evaluation.**
Independent Service Billing Guidance

Before Starting Services
Before beginning any work with a student, email comped.dcps@k12.dc.gov with the student’s name and identifying information and attach a copy of the authorization letter.

Additionally, if an extenuating circumstance prevents you from billing DCPS directly, you must notify the family before beginning services. They will need to discuss this with their DCPS point of contact before proceeding.

Submitting Invoices to DCPS
Independent service providers bill DCPS directly and must submit all required information in order to request payment from the District of Columbia Public School (DCPS), Office of Teaching and Learning. Please submit one complete invoice packet per student, on single-sided, standard sized (8.5x11”) paper. The table below details the documents and specific information required for each invoice packet.

Submit all completed invoice packets to dcps.invoices@dc.gov and copy (cc) comped.dcps@k12.dc.gov.  

Billing Reminders
Below are some reminders and tips related to submitting invoice packets. Please note, failing to abide by the guidelines included in this section may result in a delay or refusal of payment.

**DO submit invoices in a timely manner.** Invoices submitted more than six (6) months after the date the services were provided shall not be accepted unless specifically approved by, and at the discretion of, DCPS Cf. (5A DCMR 2901.9).

**DO provide a copy of all credentials for independent service providers.** Copies of the current license/certification of all providers who provided services to the student during the period covered by the invoice. An individual’s specific credentials may impact the rate at which DCPS is authorized to pay for services. By submitting an invoice for payment, all providers represent and acknowledge that they meet the established qualifications to provide independent services in the related discipline. See the table below for a list of the qualifications required for each independent service type.

**DO submit all invoice packets via email.** Email completed invoice packets to dcps.invoices@dc.gov and copy (cc) comped.dcps@k12.dc.gov. DCPS cannot confirm receipt of invoice packets sent by mail, courier, or hand delivery.

**DO NOT provide independent services during school hours.** Independent services are not intended to replace school-based services. Services provided on DCPS school property or during normal school hours on days in which a student is absent will not be approved for payment.

If services are provided during normal school hours (8:30am – 3:30pm), the following documentation is required:
- A copy of the school’s calendar if services were provided on a weekday that was not a federal holiday demonstrating that the school was closed; AND

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8 Note: dcps.invoices@dc.gov should only be used to submit a new invoice. If you would like to submit additional information after submitting an invoice or inquire about payment status, please email comped.dcps@k12.dc.gov.
• An email from the school regarding school hours if services were provided prior to 3:30 PM to confirm that the school had an early dismissal or closure not reflected in the school’s calendar.

**DO NOT ask the parent, guardian or adult student to sign the service log prior to providing services.** Service logs must be signed after all services included on the invoice have been provided to the student.

**DO NOT submit an invoice that includes more than one service.** Individual invoice packets may only include one type of provided service. For example, a company that provides both occupational therapy and speech-language services to the same student would need to submit two different invoice packets, one for the occupational therapy services and a second for the speech-language services.

**Required Documentation for Independent Service Invoice Packets**

<table>
<thead>
<tr>
<th>Required Document</th>
<th>Template Link</th>
<th>Information Document MUST Include</th>
</tr>
</thead>
</table>
| Invoice submission cover sheet                         | **Cover Sheet** | • Student’s full name, date of birth (DOB), and DCPS ID number  
• Invoice number and date  
• The total cost and time period covered (time period may not exceed one month)  
• The date(s) and time(s) when the service was provided  
• Vendor email address |
| Detailed Invoice                                       |                 | • Student’s full name  
• Student’s date of birth (DOB)  
• Student’s DCPS ID number  
• Student’s attending school  
• Type of service – only one type of service per service log  
• Date(s), day(s), and time(s) when the service was provided  
• Signature of the parent, guardian or student, if at least 16 years old at the time of service, for each occurrence of the service – Service log may not be signed until after services have been rendered.  
• First and last name of the provider(s) who provided services  
• Parent or guardian’s printed name and email address  
• Vendor’s printed name and email address |
| Service log signed by parent, guardian, or student if student is at least 16 years old | **Service Log** | • Student’s full name  
• Student’s date of birth (DOB)  
• Student’s DCPS ID number  
• Student’s attending school  
• Type of service – only one type of service per service log  
• Date(s), day(s), and time(s) when the service was provided  
• Signature of the parent, guardian or student, if at least 16 years old at the time of service, for each occurrence of the service – Service log may not be signed until after services have been rendered.  
• First and last name of the provider(s) who provided services  
• Parent or guardian’s printed name and email address  
• Vendor’s printed name and email address |
| Authorization Letter                                    |                 | • Letter must include the name, contact information, and signature of the DCPS staff who authorized the services |
| Credentials of the provider(s) who provided services to the student |                 | • Copy of the current license/certification of all providers who provided services to the student during the period covered by the invoice.  
• See the table below for the credentials required for each service type.  
• Please contact comped.dcps@k12.dc.gov if the authorized service provided is not included on the list below. |
<table>
<thead>
<tr>
<th>Required Document</th>
<th>Template Link</th>
<th>Information Document MUST Include</th>
</tr>
</thead>
</table>
| W-9 tax form            | W-9 form                                   | • The W-9 form must be submitted with the first invoice and when there is any change to the information contained therein (ex. address, telephone number).  
• Must include a valid, current telephone number  
• Must include a physical address (even if the business uses a P.O. Box)  
• The current W-9 form can be found at: www.irs.gov/FormW9. |
| Master Supplier form 9  | DC Government Master Supplier Form          | • Linked form includes all required fields needed by DC Government to process payments for corporations.                                                                                                                                                 |

**Provider Credential Requirements**

Providers working in Washington, DC must meet the following requirements. Providers working in other jurisdictions must meet the equivalent license requirements for the area in which they practice.

<table>
<thead>
<tr>
<th>Service Type</th>
<th>CREDENTIAL REQUIREMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tutoring</td>
<td>Provider resume</td>
</tr>
</tbody>
</table>
| Counseling                   | DC Department of Health Professional Counseling License, or  
DC Department of Health Social Work License, or  
DC Department of Health Psychology License |
| Mentoring                    | Provider resume                                                                                             |
| Occupational Therapy         | DC Department of Health Occupational Therapy License                                                        |
| Physical Therapy             | DC Department of Health Physical Therapy License                                                             |
| Behavior Support Services    | DC Department of Health Psychology License, or  
DC Department of Health Social Work License, or  
DC Department of Health Professional Counseling License                                                   |
| Speech-Language Pathology    | DC Department of Health Speech-Language Pathology License                                                   |
| Applied Behavioral Analysis  | Provider resume                                                                                             |
Invoice Submission Cover Sheet

Division of Specialized Instruction – Special Education

Vendor Name (as shown on your income tax return):  Invoice Number:

<table>
<thead>
<tr>
<th>Invoice Date:</th>
<th>Invoice Amount:</th>
<th>Period of Service:</th>
</tr>
</thead>
</table>

Vendor Email Address:  Vendor Phone Number:

Check the box below to indicate the type of service covered by your invoice and ensure all required supporting documentation included in your invoice packet prior to submission.

☐ Independent Educational Evaluation
If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A copy of the evaluation report on company letterhead that includes the evaluator’s signature, evaluator’s credentials, evaluation date, and evaluator’s email address
- A copy of the evaluator’s current license/credentials
- A detailed invoice
- Authorization for completion of evaluation
  W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number)

☐ Independent Services
If the following information is not included, your invoice submission is incomplete and cannot be processed:

- A detailed invoice
- A signed service log verifying the completion of services
- Authorization for completion of service
- Credentials of the provider(s) who provided services to the student
- W-9 tax form (for the first invoice and when there is any change to the information contained therein (ex. address, telephone number)

Please reference the “Billing Guidance for Vendors” section of the Family Guide for a detailed explanation of these invoice requirements before submitting an invoice to DCPS.INVOICES@DC.GOV.
# Invoice Service Log for Independent Services

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Service Date</th>
<th>Service Location (DC, MD, or VA)?</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Hourly Rate</th>
<th>Signature of parent/guardian (or student if at least 16 years old at time of service)</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Parent/Guardian’s Name: __________________________ Email Address: __________________________

Vendor’s Name: __________________________ Email Address: __________________________

Instructor’s/Provider’s Name: __________________________ Signature: __________________________
### Invoice Service Log for One-to-One School Day Services

<table>
<thead>
<tr>
<th>Day of the Week</th>
<th>Service Date</th>
<th>Time In</th>
<th>Time Out</th>
<th>Total Hours</th>
<th>Hourly Rate</th>
<th>Signature of service provider (BCBA, Dedicated Aide, RBT, etc.)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

Service Provider’s Name: __________________________ Email Address: __________________________

School Official’s Name: __________________________ Email Address: __________________________

School Official’s Title: __________________________ Signature: __________________________
Master Supplier Form – ONLY REQUIRED FOR CORPORATIONS

District of Columbia Government
Master Supplier Information Collection Template

Vendor Name (Legal Name):
Vendor Number (I + Tax ID): 1 ______
Phone Number (including area codes and extensions): ______
General E-mail Address: ______
Website Address: ______
W9 Tax ID Number: ______
CBE?: Yes ☐ No ☐ CBE Number: ______ (Choose matching items for Supplier and Ownership Types).

Contact Name: ______
Contact E-Mail Address: ______
Supplier/Vendor Type: __
Ownership Type: __

Supplier/Vendor Type

1=DC Employee  4=Local Government  7=Other
2=Federal Agency  5=Vendor-Business  8=CBE
3=State Agency  6=Vendor=Individual

Ownership Type

A=State Corporation  I=Individual Recipient  R=Foreign
C=Professional Corp.  L=CBE  S=Sole Ownership
E=State Employee  M=Medical Corporation  T=Partnership
F=Financial Institution  O=Out of State Corporation  U=Non-Profit
G=Government Entity  P=Professional Association
**Business License Information**

Type: _____ (Business, Professional, Other)

License Number _____

**Mail Code = 000 = Supplier Headquarters Address (Cannot be a PO Box)**

Address: _____

City: State: Zip Code: _____

**Mail Code = 200 = Payment Remittance Address if Different from 000**

Address: _____

City: State: Zip Code: _____

**Mail Code = 300 = Purchase Order Address if Different from 000 (Cannot be a PO Box)**

Address: _____

City: State: Zip Code: _____
ALL ITEMS IN THIS AREA MUST BE COMPLETED TO RECEIVE ELECTRONIC PURCHASE ORDERS

DUN & Bradstreet No. (DUNS): ________

(To apply for a your DUNS number call 1-866-705-5711. Required for all Email and Fax Purchase Order forwarding requests.)

ANID Number: ________

(Please register at supplier.ariba.com; This is a required field.)

Do you want the purchase order forwarded by e-mail or fax? Email ☐ Fax ☐

(Please choose only one; We do not support the ARIBA Online option.)

Ordering E-Mail Address (Send Purchase Orders): ________

Ordering Fax Number (Send Purchase Orders): ________

Does the Vendor Accept Purchase Cards: Yes ☐ No ☐