Division of Financial Operations
Non-Public School Payables
65Court Street, Room 1001
Brooklyn, NY 11201

Print Form

Reset Form

Independent Providers of Nursing / Health Aide Services on Schoool Buses
Billing Form: RSA - 7C

Invoice No: _____

Student Information

Student Name: _____ NYC Identification # _____

Provider Information

Providers Name: _____ Social Security #: _____

Address: _____

Telephone # : _____ E- Mail Address: _____

Agency Information

Agency Name: _____ Federal Tax ID #: _____

Address: _____

Telephone # : _____ E- Mail Address: _____

Date of Service	Pick- Up Time at Home	Drop - Off Time at School	Pick- Up Time at School	Drop - Off Time at Home	No. of Hours Worked	No. of 30 Minute Sessions	Daily Amount Due
Rate: _____				Total Amount Due: _____			

Please Note: Under the RSA, you are authorized to provided Nursing services only on school bus. You should not therefore, arrive at the students home /school more then (10) minutes prior to the time the bus arrives. The New York City Department of Education will not assume any responsibility for payment for earler arrival.

Certification

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

_____
Signature of Provider Date

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 Principal Date Signature of Parent/Guardian Date