____ ____
____ ____
DIRECT PAY VENDOR SERVICE AGREEMENT
Supplemental Special Education (SSES) Program
The SSES program (Program) is intended to give parents choices to supplement their child’s
educational needs and is not intended to provide review and oversight of the services and goods
purchased with SSES funds. Although substantial effort is made to protect the program against fraudulent or
inappropriate misuse of SSES funds, the ultimate responsibility for the purchase of appropriate services or goods
falls solely on the parent, just as all responsibility for the quality and appropriateness of all goods provided falls
solely on the direct pay vendor.
The following requirements apply to direct pay vendors participating in the Program:
1. Only entities and individuals approved as direct pay vendors may provide services or goods for SSES students
under the direct pay vendor portion of the Program.
2. SSES funds may not be used to reimburse services or goods that have already been paid for.
3. A direct pay vendor must provide an SSES student’s family that has requested services or goods under the
Program with an invoice that lists the services or goods the family has requested from the direct pay vendor
and the total cost of the services or goods. All invoices and receipts for services or goods are evaluated by
SSES staff.
4. Once the invoice is approved, the order cannot be changed.
5. SSES funds may not be used towards the paying of service fees such as the 2.5% ClassWallet service fee
which, like a credit card fee, is to be paid by the direct pay vendor and not the family or the SSES program.
6. All direct pay vendor invoices are subject to SSES program review and may be denied as unallowable or
otherwise barred under the Program requirements.
7. SSES administration reserves the right to remove a direct pay vendor found to be in violation of this direct
pay vendor service agreement.
I hereby certify, on behalf of the direct pay vendor that:
All licenses and documentation of the right to conduct business required by Supplemental Special Education
Services (SSES) are current, valid, and accurate.
I hereby acknowledge, on behalf of the organization that operates this business that:
I have read, understand, and agree, on my own behalf and on behalf of the direct pay vendor, to the
requirements for participation as an approved direct pay vendor in the Supplemental Special Education Services
program as described in the Direct Pay Vendor Service Agreement above.
Signature Date
Printed Name Title and Organization Name