

# Parent Claim Form Instructions

## 1. Enter Claim ID/PIN to enter the online Claim portal.

File Claim

What do you want to do?

I have a claim number and I would like to file a claim online.

## 2. Student Information:

- a. Verify the student listed on the claim form is your child. If this is not your child, please do not continue and immediately contact the claims administrator at [admin@cps-ssca.com](mailto:admin@cps-ssca.com).

### Claim Form

Student Specific Corrective Action ("SSCA")

TO: All students and guardians of students identified by the Chicago Public Schools as having possibly missed Individualized Education Plan (IEP) services because of CPS policies in 2016-17 and/or 2017-18.

Complete and submit a Claim Form by **April 30, 2022** if you would like to receive a payment under SSCA. If you receive public benefits, accepting this money could put them at risk. If you have concerns about your public benefits, call the Mayor's Office for People with Disabilities at (312) 744-7050 or Legal Aid Chicago at (312) 341-1070 for more information before accepting your remedy.

For more information about SSCA, visit [cps.edu/ssca](http://cps.edu/ssca) or email [ssca@cps.edu](mailto:ssca@cps.edu). You can also call CPS at (773) 553-1843 with questions about SSCA, or CPS's SSCA Claims Administrator at (888) 847-7894 with questions about filing your claim. You can also call the Equip for Equality hotline to talk to a lawyer who represents parents for free at (312) 895-7231.

Student Information:

Review and confirm this is your student

Student Name: BYRON KAUR

## 3. Parent/Guardian Information:

- a. Review and confirm you are the parent listed, and if so, check the first box.

Parent Name: MARGE MATHERLY or VINCE MATHERLY

- By checking this box I am confirming that I am the Parent/Guardian listed above.  
 By checking this box I am confirming that I am not the Parent/Guardian listed above, but I am authorized to submit this Claim Form on behalf of the Student. \*\*You may be required to provide documentation demonstrating your authorization.

- b. If you are not parent named above, select the second option.

Parent Name: MARGE MATHERLY or VINCE MATHERLY

- By checking this box I am confirming that I am the Parent/Guardian listed above.  
 By checking this box I am confirming that I am not the Parent/Guardian listed above, but I am authorized to submit this Claim Form on behalf of the Student. \*\*You may be required to provide documentation demonstrating your authorization.

- c. You will be asked to provide your First name and Last Name

Complete this section if you are not the Parent/Guardian listed above, but you are authorized to submit this Claim Form on behalf of the Student. You may be required to provide documentation illustrating your authorization.

\*First Name

\*Last Name

## 4. Address Information:

- a. Review and verify that your address is correct.

## Address:

Parent/Guardian Address:  
521 W BRIGGS AVE  
CHARLESTON WY 44004

- b. If the address is correct, check this box. If this is not your address, move to the next section.

By checking this box I am confirming that the address above is correct.

- c. Complete this section only if you are updating your address.

Complete this section if your address differs from the one provided above.

Please check if a non-U.S. address

\*Primary Address  Primary Address Continued

\*City  \*State  \*Zip Code

Email  Telephone Number (Daytime)

(Your email address will be used solely for communicating with you about this Settlement and will not be sold or used for any other purposes.)

- i. It is not required to provide an email address or telephone number. By providing this information, the claims administrator will be able to contact you if additional information is needed. By providing an email address, you will also receive a confirmation email after submitting your claim form

## 5. Student Benefit Information:

### Student Benefit Information:

The student was identified to receive the following:

|                                    | 2016-17 | 2017-18    |
|------------------------------------|---------|------------|
| Extended School Year (ESY)         | YES     | NO         |
| Transportation                     | YES     | NO         |
| Paraprofessional                   | YES     | NO         |
| Specific Learning Disability (SLD) | YES     | NO         |
| Budget                             | YES     | NO         |
| Remedy Value                       |         | \$7,066.34 |

- a. This section provides the Area of remedy you are eligible for. This is the amount you will receive by completing and accepting the remedy.
- b. If you do not agree with this amount, please do not accept the remedy under the Claim Actions section. You may either decline the money or request an SSCA meeting.

## 6. Public Benefits:

- a. Accepting the monetary remedy can affect your Public Benefits. If you receive Public Benefits, you should contact the Mayor's Office for People with Disabilities at (312) 744-7050 or Legal Aid Chicago at (312) 341-1070 before completing this claim form. You can simply close the form and re-enter at a later date.
- b. If you have contacted the Mayor's Office for People with Disabilities and do not want to receive the monetary remedy, check this box.

Complete this section only if you receive public benefits and you would like to talk with CPS about tutoring or other options for your child.

Accepting this money could cause me to lose my public benefits. I want to talk with CPS about tutoring or other options for my child.

- c. By checking this box means you will not receive any monetary payments. **Move to section 8 below.**

## 7. Claim Actions:

- a. The Claim Action section will only be available if you did not complete the Public Benefits section above.
- b. You must select one of these options:

- I accept the remedy (money) above.
- I decline the remedy (money) above.
- I am requesting an SSCA meeting with District staff to see if my child is owed more money.

- c. If you choose "I accept the remedy (money) above", you will be prompted to select your Remedy options.
- d. If you decline or request an SSCA meeting, skip to section 8.

### Remedy Options

a. How would you like to receive your remedy (chose one):

- Check mailed to address above
- ACH/Direct Deposit
- Mastercard debit card mailed to the student's school for pick up if the student is currently active. If the student is no longer enrolled at a CPS school, the Mastercard debit card will be mailed to CPS Central Office. Visit [cps.edu/ssca](https://cps.edu/ssca) for more information

- i. Fill-in this circle if you want a physical check mailed to your address provided under the Address section.

Check mailed to address above

- ii. Fill in this circle if you want ACH/Direct Deposit

ACH/Direct Deposit

- 1. You must provide your bank information if you select ACH

\*Routing Number

\*Confirm Routing Number

\*Account Number

\*Confirm Account Number

\*Account Holder

\*Bank Name

\*Account Type

Checking  Savings

2. You must also upload a copy of a voided check.

**\*You must upload a copy of a voided check.**

Click the "Browse" or "Choose File" button and select the relevant file from your computer. The selected files will be uploaded when the "Agree and Submit" button is clicked.

Choose File No file chosen

You must first save a copy of a voided check to your computer. Once you have the check image ready, click "Choose File" and navigate to where you saved the copy of the check image.

iii. If you select a Mastercard debit card, you will need to have ready your Student ID.

© Mastercard debit card mailed to the student's school for pick up if the student is currently active. If the student is no longer enrolled at a CPS school, the Mastercard debit card will be mailed to CPS Central Office. Visit [cps.edu/ssca](https://cps.edu/ssca) for more information

Please enter the Student I.D. Number for the claimant:

\*Student I.D.

A student's ID number can be found on their report cards or progress reports or on their student ID card. It can also be found in parent portal. If you are still having trouble finding the number, call your school for assistance.

iv. If you choose PayPal, you will have to confirm or setup a PayPal account by clicking on Connect with PayPal.

Click on the following button to log in to PayPal and verify your account.



e. **Waiver**- Read through the Waiver section and check this box if you agree. If you do not agree, you should request an SSCA meeting instead of accepting the money.

\*  I agree to the waiver above.

**8. Received Notice of Benefit by:**

a. Select the method of which you receive noticed. Choose one.

I received notice that I may be eligible for a benefit by:

- Mail
- Email
- Robocall (automatic call)
- Live call from CPS
- Social Media
- Town Halls
- Communication from school principal

**9. Submit Claim Form:**

- a. Prior to submitting your claim form, please review that the information you entered or selected is correct. After you submit your claim, you will be unable to re-enter the portal and make changes.
- b. After you're reviewed your information, click the SUBMIT button at the bottom of the page.

Submit