

**DEPARTMENT OF SPECIAL SERVICES  
TOWNSHIP OF UNION PUBLIC SCHOOLS  
M-E-M-O-R-A-N-D-U-M**

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**TO: Pat Ditri**

**From: Kim Conti** 

**Re: Board Agenda**

**Date: February 20, 2014**

**Please place the following on the board agenda.**

**The committee recommends and I so move that approval be given to New Jersey Educational Services Alliance, LLC at the rate of \$500.00 to \$600.00 per Bi-Lingual Evaluations for the school year 2013-2014, not to exceed 2500.00. Acct. # 11-000-219-320-01-19**

# NEW JERSEY EDUCATIONAL SERVICES ALLIANCE, LLC

10 Schalks Crossing Road, Suite 501-164

Plainsboro, NJ 08536

609-273-4819

## NJESA CST SERVICES (2013-14)

<u>Arabic</u>		
Educational Evaluation	\$	600
Psychological Evaluation	\$	600
Speech/language Evaluation	\$	600
Social Assessment	\$	500

<u>English or Spanish</u>		
Educational Evaluation	\$	500
Psychological Evaluation	\$	500
Speech/language Evaluation	\$	500
Social Assessment	\$	400

## **SCHOOL DISTRICT INCENTIVE PROGRAM**

Educational Evaluation •• Psychological Evaluation •• Speech/Language Evaluation ••

**Arabic:** The first 10 evaluations of a school year within one school district are priced at \$600 per occurrence. Subsequent evaluations within that district are discounted to \$500 per occurrence for the remainder of the school year.

**English or Spanish:** The first 10 evaluations of a school year within one school district are priced at \$500 per occurrence. Subsequent evaluations within that district are discounted to \$450 per occurrence for the remainder of the school year.

All services are offered after school hours, on weekends, school holidays, and during summer recess.

**NEW JERSEY EDUCATIONAL SERVICES ALLIANCE, LLC**

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**Child Study Team Evaluation Referral Form**

Student's Name:

DOB:

Home Address:

Phone #s:

Parent's First and Last Names:

Name of School:

Grade:

Language(s) Spoken at Home:

Evaluations (Speech, Psychological, Educational, Social) Being Requested:

MONOLINGUAL/BI-LINGUAL (Language: Spanish, Arabic, Korean)

Initial \_\_\_\_\_

Re-Evaluation: \_\_\_\_\_

Current Classification: \_\_\_\_\_

Suspected Disability: \_\_\_\_\_

Related Services Received: (i.e. Speech, OT, Resource Instruction, etc.)

Pre-Existing Medical Conditions or Medical Diagnosis (i.e. Cerebral Palsy, Downs Syndrome, etc.):

Reason for Referral:

Academic Information and/or Concerns/Other Relevant Information:

Results from Previous Evaluations if available (i.e. WISC scores, CELF scores, etc.):

Name of Case Manager:

Phone #/Email Address:

## Request for Taxpayer Identification Number and Certification

Give Form to the  
 requester. Do not  
 send to the IRS.

Name (as shown on your income tax return)  
**New Jersey Educational Services Alliance**

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:  
 Individual/sole proprietor     C Corporation     S Corporation     Partnership     Trust/estate  
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ \_\_\_\_\_  Exempt payee  
 Other (see instructions) ▶ \_\_\_\_\_

Address (number, street, and apt. or suite no.)  
**10 Schalks Crossing Road, Suite 501-164**

City, state, and ZIP code  
**Plainsboro, NJ 08536**

List account number(s) here (optional)

Requester's name and address (optional)

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Social security number**

			-			-			
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**Employer identification number**

3	8	-	3	8	7	4	6	8	6
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**Note.** If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

**Sign Here**    Signature of U.S. person ▶ Anna Alonzi    Date ▶ 10/3/13

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

**Note.** If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

XXX-XX-3389  
572281

WARNING: THIS DOCUMENT CONTAINS MULTIPLE SECURITY FEATURES INCLUDING A CHAIN-LINK WATERMARK

# The State of New Jersey

645723

Department of Education  
State Board of Examiners

Standard Certificate

*This is to certify that*

Issued Expires  
06/07

SILVIA L Deleon

County District  
81 0000

Has met all of the requirements established by the State Board of Education and is authorized to serve in the public schools of New Jersey as indicated below:

Speech Language Specialist

Lucille E. Davy  
Commissioner of Education

Robert R. Higgins  
Acting Secretary, Board of Examiners

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Audio & SP Lang Path Adv Comm

HAS LICENSED

Silvia L. DeLeon

FOR PRACTICE IN NEW JERSEY AS A(N): Speech Language Pathologist

09/21/2012 TO 10/31/2013  
VALID

41YS00582800  
LICENSE/REGISTRATION/CERTIFICATION #

  
Signature of Licensee/Registrant/Certificate Holder

  
ACTING DIRECTOR

State of New Jersey  
DEPARTMENT OF EDUCATION

PO BOX 500  
TRENTON, NEW JERSEY 08625-0500

Note: This form is printed on  
watermarked paper. Hold at light  
to view for authenticity. If bias  
State seal background is not  
present, this is a photocopy.

01/17/2013

SILVIA DELEON

Your request for criminal history record processing has been completed. The information submitted by you through the educational facility or authorized school bus contractor has been searched by the New Jersey State Police and the Federal Bureau of Investigation. As a result of that process, you are approved for school employment in accordance with N.J.S.A. 18A:6-7.2; N.J.S.A. 18A:39-19.1; N.J.S.A. 18A:6-4.14 or N.J.S.A. 18A:12-1.2

SILVIA DELEON

PCN: 495199690969

21 - MERCER

5210 - TRENTON

A notice of qualification has been forwarded to the educational facility or authorized school bus contractor making the request for your criminal history record check. If you are a substitute teacher working under a county substitute certificate, a notice of qualification has been forwarded to the county superintendent's office that issued your certificate. Please retain possession of this letter as proof that you have completed the statutory requirements for the employer that submitted your fingerprints.

School bus drivers must be printed upon initial application for a school bus driver's endorsement and each time their driver's license is renewed. All other persons, except individuals serving in a substitute position, must undergo the record check upon any change in employment from one educational facility to another.

You must provide a copy of this approval letter to your employer. If you have any questions, please call the Criminal History Review Unit at (609) 292-0507.

Sincerely,

*Carl H. Carabelli*

Carl H. Carabelli, Manager  
Criminal History Review Unit

*New Jersey Is An Equal Opportunity Employer*

**IRS** DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE  
CINCINNATI OH 45999-0023

002012.199925.0007.001 1 MB 0.404 532



Date of this notice: 05-10-2012

Employer Identification Number:  
38-3874686

Form: SS-4

Number of this notice: CP 575 H

NEW JERSEY EDUCATIONAL SERVICES  
ANWAR AL-NAJJAR SOLE MBR  
10 SCHALKS CROSSING RD STE 501-164  
PLAINSBORO NJ 08536

For assistance you may call us at:  
1-800-829-4933

002012

IF YOU WRITE, ATTACH THE  
STUB OF THIS NOTICE.

**WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER**

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 38-3874686. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at [www.irs.gov](http://www.irs.gov). If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

**IMPORTANT REMINDERS:**

- \* Keep a copy of this notice in your permanent records. This notice is issued only one time and IRS will not be able to generate a duplicate copy for you.
- \* Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- \* Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return this stub. Thank you for your cooperation.



05/07/12

Taxpayer Identification# 383-874-686/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione  
Director  
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, N.J. 08646-0252
TAXPAYER NAME: NEW JERSEY EDUCATIONAL SERVICES ALLIANCE	TRADE NAME:	
ADDRESS: 10 SCHALKS CROSSING ROAD, # 50 PLAINSBORO NJ 08536	SEQUENCE NUMBER: 1714526	
EFFECTIVE DATE: 05/07/12	ISSUANCE DATE: 05/07/12	
FORM-BRC (04-08) D295846V		Director New Jersey Division of Revenue

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.