


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 Item  
DATE: September 26, 2013

The committee recommends and I so move that the Board approve Morris Union Jointure Commission, 340 Central Ave, New Providence, NJ 07974 to provide Occupational Therapy evaluations at the rate of \$200.00 per hour for the school year 2013-2014 not to exceed \$10,000.00. Account number 11-000-219-320-01-19.

**MORRIS-UNION JOINTURE COMMISSION**  
**340 Central Avenue**  
**New Providence, NJ 07974**  
**(908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**DLC RELATED SERVICES CONTRACT HOURLY-2013-2014 SCHOOL YEAR**

**Please Note: This form is to be used only for services that are not included as a class component. Please use one contract per service.**

Student: \_\_\_\_\_ D.O.B.: \_\_\_\_\_  
 Sending District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Receiving District: \_\_\_\_\_ District Code: \_\_\_\_\_  
 Class Name: \_\_\_\_\_ Teacher: \_\_\_\_\_  
 School: \_\_\_\_\_ School Code: \_\_\_\_\_  
 Contact Person: \_\_\_\_\_ Phone #: \_\_\_\_\_

**SERVICES REQUESTED: (Check one only)**

**COST FACTOR/HOUR**

	<u>Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$200	\$245
<input type="checkbox"/> Physical Therapy Services	\$220	\$265
<input type="checkbox"/> Speech/Language Services	\$235	\$280

Please **check one** of the three options below.

1.  Evaluation only. We wish to review recommendations before requesting therapy. (In this case, a second form must be submitted if you wish to request services).
2.  Evaluation and proceed with therapy as recommended by the evaluating therapist up to \_\_\_\_\_ hrs./wk.
3. Individual Therapy: \_\_\_\_\_ sessions/week \_\_\_\_\_ minutes/session

I hereby agree to authorize payment to the Morris-Union Jointure Commission for the provision of the aforementioned service at the rate stipulated in this contract. I understand that the monthly invoice for this service will reflect the hourly rate multiplied by 4.2 weeks per month. I further understand that written notice must be given to the Morris-Union Jointure Commission for discontinuance of the above service.

To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

\_\_\_\_\_  
**Director of Special Services**      **Date**

\_\_\_\_\_  
**School Business Administrator**      **Date**  
 (If required by requesting district)

\_\_\_\_\_  
**Superintendent of Schools**      **Date**  
 (If required by requesting district)