


DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M - E - M - O - R - A - N - D - U - M

TO: Pat Ditri
FROM: Kim Conti 
RE: Board Agenda Item
DATE: March 28, 2013

The Superintendent recommends, the committee concurs and I so move that the Board accept the proposal for Occupational and Physical Therapy Services and Evaluations for the 2012-2013 school year from Trinitas Children's Therapy Services, 899 Mountain Avenue, Springfield, NJ at a rate of \$82.00 per hour for occupational and physical therapy ; \$328.00 for evaluations for both services (per evaluation) not to exceed \$57,400.00 in accordance with the information in the hands of each board member.

**Township of Union Board of Education
2369 Morris Avenue
Union, New Jersey 07083**

**REQUEST FOR OCCUPATIONAL AND PHYSICAL THERAPY SERVICES AND
EVALUATIONS FOR THE 2012-2013 SCHOOL YEAR**

The Board of Education of the Township of Union (the "Board") is seeking proposals for the provision of occupational therapy services for approximately **200 hours** to fulfill this related service per student IEP and for the provision of physical therapy services for approximately **500 hours** to fulfill this related service per student IEP, and for the provision of occupational therapy evaluations and physical therapy evaluations. Minimum five (5) years experience working in public schools.

All providers shall be NJ State certified as an occupational therapist and physical therapist, as applicable. Proposals shall also contain a New Jersey Certificate of Employee Information Report (AA) and a New Jersey Business Registration Certificate.

Proposals must be in writing and must contain fixed hourly rates for all services. Hourly rates shall include all disbursements. The Provider shall not bill for travel or other related expenses. All proposals shall be fixed for one (1) year from the date of the award and may not change or be withdrawn except by the permission of the Board. Proposals shall be submitted no later than **Thursday, March 7, 2013 at 11 a.m.** Proposals must contain a Curriculum Vitae or resume for all who may be assigned to handle these matters. Proposals shall be on a per annum basis. All providers shall have a criminal background screening prior to assignment in the district. The award shall be made to a vendor whose response is most advantageous to the Board, price and other factors considered. The Board shall have the option of terminating this engagement upon thirty (30) days notice to the Provider.

Provider is required to provide proof of general liability and worker's compensation coverage. The Company shall sign a contract that shall indemnify, defend and hold the district harmless from any and all liabilities for any claims which may arise as a result of the engagement of the Company.

Proposals will be opened and read aloud in the Board of Education Conference Room at the Administration Building, 2369 Morris Avenue, Union, New Jersey on **Thursday, March 7, 2013 at 11:00 a.m.** Your proposal must be received prior to that date and time. Two original proposals shall be submitted by regular or overnight mail, no email proposals allowed.

Any questions or requests for clarification regarding bid process and procedure may be submitted to James J. Damato, Board Secretary/General Counsel, Township of Union Board of Education, 2369 Morris Avenue, Union, New Jersey 07083; 908-851-6411. Any technical questions or assignment-related questions may be submitted to Kim Conti, Director of Special Services at 908-851-4426.



Memo

To: Dr. Patrick Martin

From: Kim Conti

Date: 3/28/13

CC: James Damato

Re: Rationale for Bid of Occupational/Physical Therapy services and evaluations for the 2012-2013 school year

Selected Consultant: Trinitas Children Therapy Services
899 Mountain Ave. Suite 1-A
Springfield, NJ 07081

Problem:

Need home based and school based occupational therapy and physical therapy services and evaluations that cannot be provided by district staff due to time and scheduling constraints.

Reasons for Selecting Consultant

- Next to Lowest, qualified bid (\$2.00 more per hour than the lowest qualified bid)
- Trinitas is currently providing the above services for this school year. However, an increased need for services per student IEPs necessitated that these services be rebid. Since Trinitas continues to provide these services to district students, continuing use of Trinitas will allow for the continuity of service to students for the remainder of the school year.

If there are any questions or concerns, please do not hesitate to contact me.

Thank you

Trinitas Children's Therapy Services
899 Mountain Ave. Suite 1A - Springfield, New Jersey 07081
(973) 218-6394 - (973) 218-6351 fax

Objective

To provide occupational and physical therapy services for the students of Union Township School District who receive special education and related services during the 2012-2013 school year.

Trinitas Children's Therapy Services (TCTS) is a not-for-profit provider of occupational, physical and speech therapy services serving schools in Union, Hudson, Essex, Bergen, Morris, Middlesex, Monmouth and Passaic counties for more than 25 years. TCTS is an affiliate of Trinitas Regional Medical Center and a New Jersey state-approved clinic and agency.

TCTS Occupational Therapists have valid New Jersey State Occupational Therapy licenses and New Jersey School Occupational Therapist certifications.

TCTS Physical Therapists have valid New Jersey State Physical Therapy licenses and New Jersey School Physical Therapist certifications.

TCTS will provide the required criminal history approval letters, copies of professional licenses and school certificates upon assignment of therapist(s) to district.

TCTS therapists were coauthors of the respective state guidelines for provision of occupational and physical therapy services in New Jersey schools, published by each profession's state association.

TCTS therapists are on the Division of Consumer Affairs' Occupational Therapy Advisory Council for licensure and the New Jersey Occupational Therapy Association (NJOTA) Board of Directors.

TCTS keeps up with legislation changes that impact the provision of OT and PT services in NJ schools, enabling district administrators to focus time and energy on other areas.

TCTS employs 65 OTs, PTs and STs totaling more than 850 years of knowledge and experience in pediatric and school practice.

TCTS therapists hold various pediatric and school relevant graduate degrees and specialty certifications, including clinical doctorates, pediatric certificates, Sensory Integration Praxis Test (SIPT) certificates, etc.

TCTS provides therapists with ongoing professional development, mentorship and supervision to ensure the provision of quality educationally-relevant service provision.

TCTS maintains a continuum of services, team collaboration, and individual, group, consultative and integrated least-restrictive services.

TCTS builds strong working relationships with teachers, parents, students and school administrators and as a New Jersey based not-for-profit organization provides local administrative support for districts.

Please see attached Certificate of Employee Information Report (AA) and Business Registration Certificate.

Trinitas Children's Therapy Services (TCTS) School-based Occupational and Physical Therapy Services

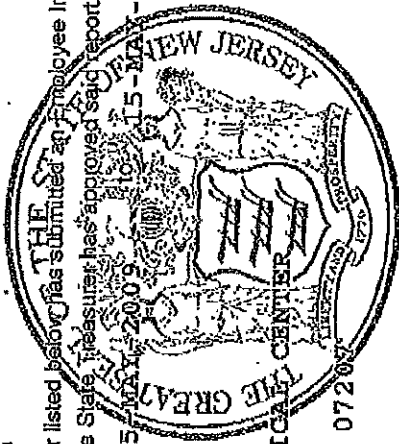
- TCTS has nearly 3 decades of experience in the specialty of school based therapy services; all staff are fully educated on medical vs. educational models of service delivery.
 - TCTS is a New Jersey state-approved clinic/agency.
 - TCTS provides both physical therapy & occupational therapy services and has a proven track record of providing very professional and reliable staff.
 - TCTS occupational therapists are co-authors of the publication, A Guide for Providing Occupational Therapy in New Jersey Schools (New Jersey Occupational Therapy Association, 2007).
 - TCTS physical therapists are co-authors of the web-based Guidelines for Provision of Physical Therapy Services in New Jersey Schools (New Jersey Chapter of the American Physical Therapy Association, 2011).
 - TCTS personnel are on the Division of Consumer Affairs' Occupational Therapy Advisory Council for licensure and the NJ OT Association Board of Directors.
 - TCTS keeps up with legislation changes that impact the provision of OT and
- PT services in NJ schools, so districts don't have to focus time and energy on this area.
- TCTS provides continuity of services and local administrative support.
 - TCTS services the surrounding communities and is aware of the specific needs in your district.
 - TCTS provides supervision of therapists by experienced school therapists.
 - TCTS employs 65 OTs, PTs and STs totaling more than 850 years of knowledge and experience in pediatric and school practice.
 - TCTS therapists hold various pediatric and school relevant graduate degrees and specialty certifications, including clinical doctorates, advanced pediatric certificates, Sensory Integration Praxis Test (SIPT) certificates, etc.
 - TCTS provides summer/ESY services as requested.
 - TCTS provides therapists with ongoing professional development and mentorship.
 - TCTS has the ability to provide coverage if one of its therapists becomes unavailable:
 - Maternity leave
 - Leave of absence
 - Any extended period of time
- TCTS, as a not-for-profit, offers very competitive hourly rates.
 - TCTS pays for the benefits packages for therapists, resulting in considerable savings to the school district.
 - TCTS does not bill the district for hours when the therapist is unavailable, including professional development, school holidays, illness, etc.
 - TCTS eliminates the time and cost for advertising, interviewing, etc.
 - TCTS is responsible for monitoring and maintaining current school certificates, state licenses and criminal history background checks.
 - TCTS maintains:
 - A continuum of services
 - Team collaboration
 - Least-restrictive services
 - Innovative classroom programming.
 - Assistance with Response to Intervention & Positive Behavioral Supports
 - TCTS maintains documentation in accordance with professional licensure, NJDOE & district standards.
 - TCTS builds strong relationships with teachers, parents and school administrators.

Certification 8128

CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of

15 MAY 2009 15 MAY 2016



TRINITAS REGIONAL MEDICAL CENTER
225 WILLIAMSON STREET
ELIZABETH NJ 07208



A handwritten signature in black ink, appearing to be "S. P. O.", written over a horizontal line.

State Treasurer

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
P.O. BOX 291
TRENTON, N.J. 08646-0252

TAXPAYER NAME:
TRINITAS HEALTHCARE CORPORATION

TRADE NAME:

TAXPAYER IDENTIFICATION#:
222-479,652/000

SEQUENCE NUMBER:
0074569

ADDRESS:
925 EAST JERSEY ST
ELIZABETH, NJ 07201

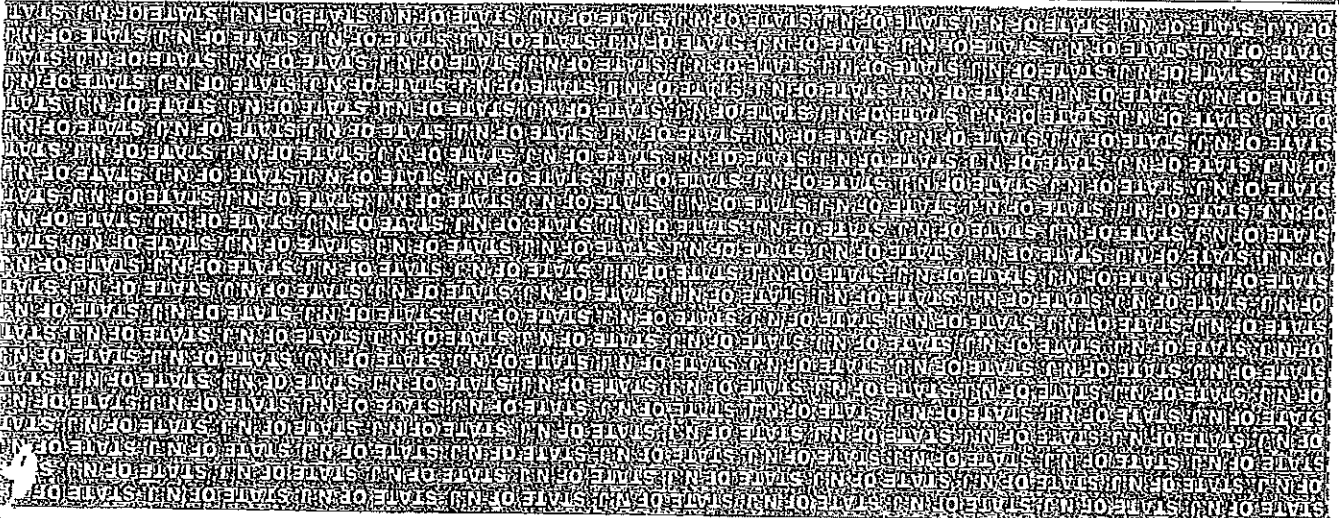
ISSUANCE DATE:
08/26/04

EFFECTIVE DATE:
06/30/00

John S. Kelly
Acting Director

FORM-BRC(08-01)

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



C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

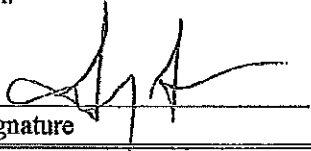
Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I - Vendor Information

Vendor Name:	Trinitas Children's Therapy Services		
Address:	899 Mountain Avenue ~ Suite 1A		
City:	Springfield	State:	NJ
		Zip:	07081

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

 _____ Signature	Sam J Germana _____ Printed Name	VP & General Counsel _____ Title
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Part II - Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$
	NONE		

Check here if the information is continued on subsequent page(s)

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business: TRINITAS REGIONAL MEDICAL CENTER

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned. N/A - NO STOCKHOLDERS

Check the box that represents the type of business organization:

Partnership

Corporation

Sole Proprietorship

Limited Partnership

Limited Liability Corporation

Limited Liability Partnership

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

NONE - Trinitas Regional Medical Center

Stockholders:

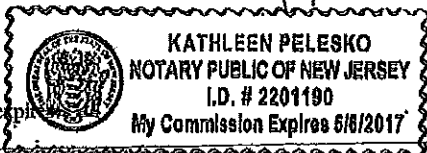
Is a 501 (c) 3 Not-for-Profit

- There are no stockholders

Table with 4 rows and 2 columns for Name and Home Address.

Kathleen Pelesko
Subscribed and sworn before me this 4 day of May, 2012

(Notary Public)



My Commission expires

Karen Lumpp
(Affiant)

Karen Lumpp, Sr. VP & CFO
(Print name & title of affiant)

(Corporate Seal)



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
09/20/2012

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER MARSH USA, INC. 445 SOUTH STREET MORRISTOWN, NJ 07960-6454		CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL: ADDRESS:	
100649-55M--12-13		INSURER(S) AFFORDING COVERAGE	
INSURED Trinitas Regional Medical Center 225 Williamson Street Elizabeth, NJ 07207		INSURER A: Princeton Insurance Company	NAIG# 42226
		INSURER B: N/A	N/A
		INSURER C: Lexington Insurance Company	18437
		INSURER D:	
		INSURER E:	
		INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** NYC-005724280-14 **REVISION NUMBER:** 3

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDITIONAL INSURER	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	X	CH00000031	08/09/2012	08/09/2013	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADY INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 1,000,000 PRODUCTS - COMPROP AGG \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					COMBINED SINGLE LIMIT (Ea Accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$		6793587	08/09/2012	08/09/2013	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/H	N/A			<input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOGATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

IT IS HEREBY UNDERSTOOD AND AGREED THAT THE UNION TOWNSHIP BOARD OF EDUCATION IS ADDED AS ADDITIONAL INSURED IN CONJUNCTION WITH THE AGREEMENT FOR OCCUPATIONAL AND PHYSICAL THERAPY SERVICES.

CERTIFICATE HOLDER UNION TOWNSHIP BOARD OF EDUCATION BATTLE HILL SCHOOL 2600 KILLIAN PLACE UNION, NJ 07083	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE of Marsh USA Inc. Cathy VanOrden
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State of New Jersey
DEPARTMENT OF BANKING AND INSURANCE

CERTIFICATE ORDER
GRANTING EXEMPTION
FROM
INSURING LIABILITY FOR COMPENSATION

SEPTEMBER 26, 2012

ID#: W1689

ORIGINAL EXEMPTION DATE
09/26/2012

THIS CERTIFIES THAT, TRINITAS REGIONAL MEDICAL CENTER, A CORPORATION ORGANIZED UNDER THE LAWS OF AND AN EMPLOYER SUBJECT TO THE PROVISIONS OF TITLE 34, CHAPTER 15, ARTICLE 5, OF THE "REVISED STATUTES" OF THIS STATE, KNOWN AS THE "COMPULSORY INSURANCE LAW", HAVING REASONABLY SATISFIED ME IN ACCORDANCE WITH SECTION 77 OF SAID CHAPTER AS TO FINANCIAL ABILITY TO PAY COMPENSATION HAS BEEN DULY EXEMPTED BY ME FROM INSURING THE LIABILITY ARISING OUT OF TITLE 34, CHAPTER 15, OF THE "REVISED STATUTES" IN THIS STATE UNTIL JUNE 30, 2013.

KENNETH E. KOBYLOWSKI
ACTING COMMISSIONER OF BANKING AND INSURANCE



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

THIS IS TO CERTIFY THAT THE
Occupational Therapy Adv Council

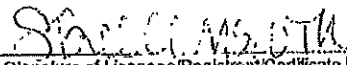
HAS LICENSED

SHERRI L BRANDTHILL
516 W. WEBSTER AVE
ROSELLE PARK NJ 07204-1411

FOR PRACTICE IN NEW JERSEY AS A(N): Occupational Therapist

07/22/2011 TO 09/30/2013
VALID

46TR00103400
LICENSE/REGISTRATION/CERTIFICATION


Signature of Licensee/Registrant/Certificate Holder


DIRECTOR

110-46-9635

00283631

The State of  New Jersey

Department of Education
State Board of Examiners

Standard Certificate

This is to certify that

Issued Expires
02/00

SHERRI L BRANDTHILL

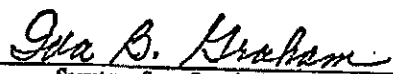
County District
00

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:

SCHOOL OCCUPATIONAL THERAPIST



Commissioner of Education



Secretary, State Board of Examiners

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 800
TRENTON, NEW JERSEY 08625-0800

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

09/19/2012

SHERRI BRANDTHILL-ST
516 W. WEBSTER AVE.
ROSELLE PARK, NJ 07204

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

SHERRI BRANDTHILL-ST PCN: 495199645579
516 W. WEBSTER AVE
ROSELLE PARK, NJ 07204
UNION
20 - ELIZABETH

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

123685



An Affiliate of Trinitas Healthcare Corporation

Fax: (908) 881-8881

February 20, 2013

Kim Conli
Union Township Board of Education
2155 Morris Avenue
Union, NJ 07083

Dear Kim:

In order to be in compliance with New Jersey administrative code (N.J.A.C.) 8A:14-5.1 (c), please find attached CHR approval letter on: Sherri Brandt dated: 8/18/12.

Please date, sign and fax back this letter, which acknowledges your acceptance of this provider's original CHR approval letter.

Sincerely,

Carole Soricelli
Director of Children's Therapy Services

Union Township Board of Education

Signed: Kim Conli
Name: Kim Conli
Title: Director
Date: 2-20-13

Enc.



Sherri Brandthill MS, OTR

Summary of qualifications	Masters level Occupational Therapist <ul style="list-style-type: none">Over 17 years of experience as an OT in: subacute, home care, long term care, work programs, early intervention and schools. Created programs for adults with developmental disabilities, students and parents of preschool children with sensory processing disorders and presentations at NJOTA. Supervision of staff and COTAs.
Education	2011 College Misericordia Dallas, PA Doctoral Candidate in Occupational Therapy <ul style="list-style-type: none">Advanced Pediatric Certificate awarded in July 2011 1999 College Misericordia Dallas, PA Master of Science in Occupational Therapy <ul style="list-style-type: none">Published Master's Thesis on Quality of Life in a community of Nuns
Professional experience	2009-present Trinitas Children's Therapy Services Springfield, NJ Staff Occupational Therapist <ul style="list-style-type: none">Provide direct, integrated, consultative, individual and group occupational therapy services as mandated by student IEPs. Perform standardized classroom based functional assessments, participate in collaborative program planning and therapeutic interventions designed to improve student participation. Assist with equipment selection, environmental needs, and program development for newly formed Multiple Disabilities, (MD) program. Participate in Ipad application selection and program development for selected students. Perform wheelchair and equipment assessments and recommendations. Developed adaptations/implementation strategies for student use of equipment in the classroom. Collaborated with classroom staff to develop functional activities that improve student participation and skill development. Provided training and support to staff/parents, as appropriate, regarding implementation of related service recommendations. Student population includes: communication impaired, orthopedically impaired, neurologically impaired, multiply disabled, autistic spectrum disorders and other learning disabilities as well as adult developmental disabilities. 2000-2007 Occupational Therapy Consultants, Inc Somerset, NJ Senior Occupational Therapist <ul style="list-style-type: none">Staff School Based Occupational Therapist, responsible for COTA supervision as well as provision of direct, integrated and consultative occupational therapy services as mandated by student IEPs. 1996-16 Multicare/Genesis Eldercare, W. Orange, NJ 1997-1998 Prime Mark Corporation W. Orange, NJ 1996-1997 Healthcare Rehab Systems, Inc., Norristown, PA Staff Certified Occupational Therapy Assistant <ul style="list-style-type: none">Provided treatment in a subacute and long-term care setting. Designed and implemented lunchtime feeding program in collaboration with Speech Therapy Department and Dietary. Designed and implemented Functional Maintenance Programs for Upper Extremity Splints, wheelchair positioning, AM Care and self-feeding. FIM certified.
Professional memberships	American Occupational Therapy Association, NJ Occupational Therapy Association Handwriting Without Tears Certificate Holder as of December 3, 2000
References	Furnished upon request
Accreditations	NBCOT Occupational Therapist Registered, Certificate #1002176; State of New Jersey, Occupational Therapy Advisory Council, Occupational Therapist License #46TR00103400; NJ State Department of Education, School Occupational Therapist Certification #00283631

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

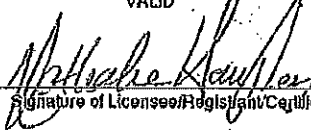
THIS IS TO CERTIFY THAT THE
Board of Physical Therapy

HAS LICENSED

NATHALIE HAUCHEY
100 COLUMBIA AVE
Cranford NJ 07016

FOR PRACTICE IN NEW JERSEY AS A(N): Physical Therapist

12/09/2011 TO 01/31/2014
VALID


Signature of Licensee/Registrant/Certificate Holder

40QA00679400
LICENSE/REGISTRATION/CERTIFICATION #


DIRECTOR

XXX-XX-4817
Tr# 628886

The State of New Jersey

Cert# 826785

Department of Education
State Board of Examiners
Standard Certificate

Issued Expires
08/11

This is to certify that
NATHALIE M. HAUGHEY

County District
00 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 provided the holder exhibits proof of a valid Physical Therapist license issued by the New Jersey State Board of Physical Therapists.

School Physical Therapist

Christopher D. Cerf
Acting Commissioner

Robert R. Higgins
Secretary, Board of Examiners

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

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

12/07/2011

NATHALIE HAUGHEY
100 COLUMBIA AVE
CRANFORD, NJ 07016

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*

NATHALIE HAUGHEY

PCN: 495199583154

100 COLUMBIA AVE

CRANFORD, NJ 07016

39 - UNION

5290 - UNION TOWNSHIP

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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

080156

Nathalie Haughey

100 Columbia Ave.

Cranford, NJ 07016

(908)-709-1442

Jimnat7@yahoo.com

Education

1995 - B.S. Physical Therapy – McGill University – 3.9 GPA

Scholarship for Excellence and Leadership In the Field of Physical Therapy

1992 - St. Lawrence College – Pure and Applied Science – High Honors

1990 – Marguerite d' Youville College – Governor General Medal for Highest Academic Average

Employment

2011 – Pres. Trinitas Children's Therapy Services – School based evaluations and treatments.

2011 – Pres. Kaleidoscope/Cerebral Palsy League – Provide early intervention treatments for children with various disabilities and delays.

2001 - 2010 Advanced Physical Therapy Associates – Aquatic and Outpatient Therapist
(pediatric and adult population)

1995 – 2001 Holy Name Hospital – Inpatient & Outpatient Therapist – Inpatient Supervisor
Successfully assessed & treated a variety of pediatric , orthopedic and neurologic patients.
Served as clinical instructor to several physical therapy students. Taught weekly MS exercise class.

1995 - Montreal Children's Hospital Internship – Evaluated and implemented creative treatment approaches for children with various disabilities.

Licenses and Certificates

New Jersey State Physical Therapy License – 40QA00679400

THIS DOCUMENT IS PRINTED ON WATER MARKED PAPER WITH A MULTICOLORED BACKGROUND AND SECURITY FEATURES. PLEASE EXAMINE CAREFULLY FOR AUTHENTICITY.

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

THIS IS TO CERTIFY THAT THE
Board of Physical Therapy

HAS LICENSED

Karen M. Valenti
899 Mountain Ave
Springfield, NJ 07081.

FOR PRACTICE IN NEW JERSEY AS A(N): Physical Therapist

01/12/2012 TO 01/31/2014
VALID

40QA01208000
LICENSE REGISTRATION/CERTIFICATION #

Karen M. Valenti
Signature of Licensee/Registrant/Certificate Holder

[Signature]
DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Physical Therapy
HAS LICENSED
Karen M. Valenti
Physical Therapist
01/12/2012 TO 01/31/2014
VALID
40QA01208000
License/Registration/Certificate #

[Signature]
SIGNATURE
[Signature]
DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Board of Physical Therapy
P.O. Box 45014
Newark, NJ 07101

PLEASE DETACH HERE



Attn: Carol Sheridan
FAX 908.276.2635

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

1042598 3698 599857

The State of New Jersey

Department of Education
State Board of Examiners
Standard Certificate

Issued to: KAREN M. VALENTE
County: District: 00 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 provided the holder exhibits proof of a valid physical therapist license issued by the New Jersey State Board of Physical Therapists.

School Physical Therapist

Michelle E. Davy, Acting Commissioner of Education
Robert R. Higgins, Noting Secretary, Board of Examiners

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 500
TRENTON, NEW JERSEY 08625-0500

Note: If blue State seal background
is not present, this is a
photocopy

05/26/2010

KAREN VALENTI
469 PALISADE AVE
GARFIELD, NJ 07026

YOU MUST PROVIDE A COPY OF THIS APPROVAL LETTER TO YOUR EMPLOYER.

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:6-7.1*; *N.J.S.A. 18A:39-19.1* or *N.J.S.A. 18A:6-4.13*.

KAREN VALENTI

PCN: 495199446369

469 PALISADE AVE

GARFIELD, NJ 07026

13 - ESSEX

0410 - BLOOMFIELD TOWNSHIP

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, Manager
Criminal History Review Unit



TRINITAS

Children's Therapy Services

An Affiliate of Trinitas Healthcare Corporation

Fax: (808) 861-6881

September 15, 2010

Kim Conti
Union Township Board of Education
2155 Morris Avenue
Union, NJ 07083

Dear Kim:

In order to be in compliance with New Jersey administrative code (N.J.A.C.) 6A:14-5.1 (c) , please find attached CHR approval letter on: Karen Valenti dated: 5/26/10.

Please date, sign and fax back this letter, which acknowledges your acceptance of this provider's original CHR approval letter.

Sincerely,

Carole Soricelli
Director of Children's Therapy Services

Union Township Board of Education

Signed: Kim Conti

Name: Kim Conti

Title: Director

Date: 9-16-10

Eno.

Karen Valenti, PT

2057 East 53rd Place, Brooklyn, NY 11234

h-718.951.8064 c-347.598.0175

EMPLOYMENT

SCOTT Physical Therapy, Brooklyn, NY, Clinical Manager/PT 10/01-present
Oversee daily operations of outpatient practice. Work cooperatively with physicians, case managers and adjustors. Supervise PTAs and aides. Provide marketing services for new referrals. Provide PT services to patients, including balance testing and training on FallTrak.

SCOTT Physical Therapy, Brooklyn, NY, Physical Therapy Aide 10/97-6/01
Assisted in setup of patient modalities, supervision of patients during transfers, exercises and use of gym equipment. Performed clerical work including billing and scheduling.

AFFILIATIONS

Veteran's Hospital, Brooklyn, NY 6/01-8/01
Mixed inpatient/outpatient caseload.

Dr. Susan Smith McKinney Rehabilitation Center, Brooklyn, NY 1/01-2/01
Sub-acute and long-term rehabilitation.

New York City Board of Education 5/00-6/00
Public School 226, Brooklyn, NY
Pediatric caseload in a school setting.

Main Street Medical Care, Patchogue, NY 9/99-10/99
Outpatient orthopedic caseload.

RELATED EXPERIENCE

Hospital for Special Surgery, New York, NY, Student Physical Therapist 5/96-6/96
Treated seven to ten patients a day alongside a physical therapist. Taught transfers, use of assistive devices, exercises, use of CPM. Tested muscle strength and measured range of motion.

World of Discovery Day Camp, Brooklyn, NY, Camp Counselor Summers 1990-94, '96
Supervised fifteen children ages 7-12. Mediated group disputes. Planned special events, such as carnival booths and talent shows. Worked on teams with counselors and division heads to settle problems or plan activities.

EDUCATION

Touro College, New York, NY Ithaca College, Ithaca, NY
B.S., Health Sciences B.S., Exercise Science
M.S., Physical Therapy

COURSES

American Heart Association CPR/AED certified
McKenzie Part A 2002
The Pediatric Primer 2004

SPECIAL SKILLS Conversational Spanish

04-20

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

THIS IS TO CERTIFY THAT THE
Occupational Therapy Adv Council

HAS LICENSED

Kevin J. Iula
129 Undercliff Ct.
Ridgewood NJ 07450

FOR PRACTICE IN NEW JERSEY AS A(N): Occupational Therapist

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Occupational Therapy Adv Council
HAS LICENSED
Kevin J. Iula
Occupational Therapist

07/21/2011 TO 09/30/2013

VALID

46TR00364600

License Registration Certificate #

SIGNATURE
DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Occupational Therapy Adv Council
P.O. Box 45037
Newark, NJ 07101

07/21/2011 TO 09/30/2013

VALID

Kevin J. Iula
Signature of Licensee/Registrant/Certificate Holder

46TR00364600

LICENSE/REGISTRATION/CERTIFICATION #

[Signature]
DIRECTOR

PLEASE DETACH HERE

885

XXX-XX-5891
Tr# 532292

Cert# 885131

The State of New Jersey

Department of Education
State Board of Examiners
Standard Certificate

Issued Expires
12/12

This is to certify that
KEVIN J IULA

County District
03 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:

School Occupational Therapist

Christopher D. Cerf
Commissioner of Education

Robert R. Higgins
Secretary, Board of Examiners

State of New Jersey
DEPARTMENT OF EDUCATION

PO BOX 506
TRENTON NEW JERSEY 08625-0506

Notice: This communication is intended only for the individual named above. If you have received this message in error, please notify the sender immediately by e-mail at [redacted].

01/09/2013

KEVIN J IULA
129 UNDERCLIFF COURT
RIDGEWOOD, NJ 07450

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

KEVIN J IULA
129 UNDERCLIFF COURT
RIDGEWOOD, NJ 07450

PCN: 495307026678

11 - ESSEX
0660 - CALDWELL-WEST, CALDWELL

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, Manager
Criminal History Review Unit

When You are in an Equal Opportunity Environment

Kevin J. Iula
129 Undercliff Ct.
Ridgewood, NJ, 07450
P:845-893-9324 F:201-857-4189
Kevin9219@optonline.net
NJ license: 46tr00364600

Objective: To utilize my educational knowledge, creativity, resourcefulness, and occupational therapist skills to contribute to the restoration of health, function, and quality of life of individuals of all ages throughout the developmental cycles of their lives.

Education:

- Rockland Community College, Suffern, NY
AAS, Occupational Therapy, 05, 1999
- Dominican College, Orangeburg, NY
BS/MS, Occupational Therapy, 03, 2004

Academic Accomplishments:

- Dean's List, 1999-2004 academic years; awarded gold tassel
- Cumulative GPA: 3.8/4.0, awarded departmental honors
- Research Thesis: "Factors Influencing Employment for an individual with Mental Retardation." Presented at graduate OT symposium.

Occupational Therapist Clinical Experience:

Jerry and Dolores Turco Medical Rehab Center 2012 - present

- Collaborate with multidisciplinary team to provide safe discharge of customers
- Develop HEP and facilitate customer compliance with consideration of neurologic, musculoskeletal, somatosensory factors
- Fabricate splints, adapt and grade activities to restore function, coordination, strength and ADL independence.

Northern Rehab Inc. 2012 - present

- Collaborate with multidisciplinary team to enhance patients' functional abilities while maintaining objectives of vent weaning, tracheostomy management and wound healing
- Utilize psychosocial and cultural methods to evaluate patients' pain, vital signs and daily tolerance of therapeutic interventions
- Individualize and prioritize treatment techniques to focus on urgent needs, including contracture management and wheelchair positioning for patients with chronic or pressure related wounds and status post hyperbaric oxygen therapy (HBOT).

Synertx Rehabilitation at Job Haines Homes

2012 - present

- Treat customers with various diagnoses, including orthopedic, post-stroke, vestibular disorders
- Utilize clinical decision making to implement creative functional and meaningful and purposeful rehabilitative programs.

Genesis Elder Care

2008 - 2012

- Made use of a wide range of therapeutic approaches, devices and assistive technology to obtaining independent living for patients with neurological diagnoses including Guillain Barre, Multiple Sclerosis (MS), and Myasthenia Gravis (MG).

Valley Home Care

2004 - 2008

- Evaluated and corrected home safety and environmental barriers to independence and quality of life for adult and pediatric patients
- Put in place community resources and services and structured daily schedules as part of carryover and preventative care approach
- Made use of a wide range of therapeutic approaches, devices and assistive technology to obtaining independent living for patients with neurological diagnoses including Guillain Barre, Multiple Sclerosis (MS), and Myasthenia Gravis (MG).

Resume Addendum

Other Experience:

Swimming Instructor and Coordinator 4/99-6/2000
Rockland County YMCA, Nyack, NY

- ◆ Scheduled, organized, and implemented daily swim instruction and private lessons

Teacher Assistant 4/98-6/2000

Rockland Children's Psychiatric Center, Orangeburg, NY

- ◆ Devised, adapted, and implemented lesson plans and group protocols to attain the interpersonal, physical, and academic goals of children

Pediatric Swimming Instructor/Teacher Assistant 5/99-8/99

Playgarten Nursery School, Valley Cottage, NY

- ◆ Restructured and implemented social, play, and educational programs for children ages two through five

Swimming Instructor 2/98-1/99

Venture Day Treatment Center, Sparkhill, NY

- ◆ Provided swim instruction for individuals with physical and mental disabilities

Community Respite Professional 1/97-5/98

Another Step Inc., West Nyack, NY

- ◆ Provided children with physical and mental disabilities with opportunities in therapeutic and social activities within their communities

Recreation Assistant 4/97-9/97; 6/98-9/98

Letchworth Village DDSO/Camp Kanawaki, Theills, NY

- ◆ Administered outdoor therapeutic programs for adults with developmental disabilities

Teachers Assistant/Home Respite Worker 1/96-1-97

Rockland ARC/Prime Time for Kids, Pearl River, NY

- ◆ Educated children with developmental disabilities
- ◆ Performed vital caregiver roles to ensure safety, health, and wellness of children with disabilities, including cerebral palsy, developmental delay, autism, learning disability, and attention deficit disorder



SCHOOL-BASED
AGREEMENT FOR PHYSICAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013

An Affiliate of Trinitas Healthcare Corporation

Agreement made this 27th day of March 2013 by and between:

Trinitas Healthcare Corporation
Children's Therapy Services
(A New Jersey Non-Profit Corporation)
899 Mountain Avenue - Suite 1A
Springfield, NJ 07081

hereinafter to be referred to as "Healthcare"
and

Union Township Board of Education
2155 Morris Avenue
Union, NJ 07083

hereinafter to be referred to as "Union"

Whereas, Healthcare offers and/or arranges for consulting services by licensed occupational therapists (O.T.), licensed physical therapists (P.T.), including occupational or physical therapy students under the direct supervision of licensed therapists, and for which Healthcare shall maintain the required documentation, in order to assist mental health agencies, social services agencies and educational facilities to conform to state regulations, and to develop and implement quality services;

and

Whereas, Union operates a department of Special Education and desires the services of a licensed physical therapist to provide necessary physical therapy to its students;

and

Whereas, Healthcare desires to provide the services of a licensed physical (P.T.) to students of Union, and Union desires to receive the same, all the terms and conditions more particularly set forth herein;

Now, therefore, Healthcare and Union hereby agree as follows:

1. TERM:

The term of this Agreement shall commence on the 17th day of April, 2013 and shall continue until the expiration of the school year on or about June 30, 2013. Thereafter, this Agreement may be renewed pursuant to paragraph six (6), for subsequent school years. This Agreement may be terminated on notice, pursuant to paragraph seven (7).

2. COMPENSATION:

In consideration of the services to be rendered by Healthcare, as described in paragraph three (3), Union shall pay monthly to Healthcare a sum equal to:

~ Eighty two dollars (\$82.00) for each hour of service rendered.

SCHOOL-BASED
AGREEMENT FOR PHYSICAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013

2

The present agreement assumes the following parameters of time:

- ~ An average week consisting of thirty one (31.00) hours of *therapist availability* to provide services.
- ~ An average four (4.00) hours x \$82.00 per hour = \$328.00 for evaluations.

Such monthly compensation shall be based on actual hours of therapist availability provided as shown in attached documentation (monthly service provision logs), and will include charges for preparation and documentation. Payment will be due fifteen (15) days upon receipt of bill or invoice.

Any additional agreed upon services will be billed at \$82.00 per hour.

If, for any reason, full payment of any installment is not made on or before two (2) months following the due date thereof, as aforesaid, Healthcare shall have the right in its sole discretion to discontinue further performance of this Agreement, in addition to any other available right or remedy. The parties shall consult and agree upon acceptable forms of written voucher(s) and/or receipts with respect to payments.

Union shall only be billed for services provided by Healthcare's therapists (i) as requested by Union per student's Individualized Education Program; and/or (ii) as required by law; and (iii) in accordance with best professional practice standards.

3. SERVICES:

Healthcare shall provide Union licensed physical therapists (P.T.) in the school system (or appropriate designated area) for: thirty one (31.00) hours per week for the school year and four (4.00) hours x \$82.00 per hour = \$328.00 for evaluations.

Generally, therapy will take place between the hours of 8:00 a.m. and 4:00 p.m. with a half hour lunch break.

Only New Jersey State certified and licensed occupational therapists and physical therapists will provide services under this Agreement.

Services Include:

Physical therapy screenings and evaluations as approved by the child study team supervisor. Billing for screenings/evaluations are included in the monthly totals at the hourly rate listed above.

Documentation Including:

Student attendance log.* Annual educationally relevant goals and objectives. Progress summaries for present levels of academic achievement and functional performance (PLAAFP). Reports for tri-annual evaluations. Other reports on students who have been identified as requiring physical therapy intervention or consultation.

Quarterly progress summaries for each student shall be billed at the hourly rate of one (1) therapy session per student, unless other arrangements are mutually agreed upon between Healthcare and the Union district.

* S.E.M.I. documentation or other accommodations desired for Medicaid reimbursement will be billed at the hourly rate.

Therapeutic Services:

Therapists will implement annual goals and objectives by the following service delivery methods as outlined in the PLAAFP of the IEP.

Direct therapy services, provided by a licensed therapist as specified in the child's IEP by the child study team. This includes both individual and group sessions.

**SCHOOL-BASED
AGREEMENT FOR PHYSICAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013**

3

Consultation services, provided by the therapist to meet the goals and objectives as outlined in the IEP for classroom activities. It may include classroom teacher, special teachers, teaching assistants, individual student's aide or parents.

Monitoring services, to maintain and support the child's ability to benefit from his/her educational program with non-direct intervention by the therapist.

Consultation with education staff and participation in interdisciplinary meetings. Ongoing written and verbal communication with appropriate district personnel regarding: Changes in the status of the children serviced. Changes in the therapy schedule. Environmental suitability. Equipment ordering, maintenance, and storage.

Communication with parents/guardians regarding student's physical therapy program, goals and/or status; this includes telephone consultation on therapy issues when the therapist is not on site.

Healthcare shall provide Union treatment for students requiring direct services in a manner which attempts to minimize disruption of the educational process, coordinate the availability of space and staff, and allow for the maximum time spent engaging in therapeutic activity to achieve stated goals for students.

The Trinitas Healthcare Corporation shall save and hold harmless the Union Township Board of Education regarding the direct services of occupational and physical therapists to students of Union and when at their facilities.

4. OBLIGATIONS:

The Union Township Board of Education agrees to provide:

- a. Designated, consistent, safe space conducive to physical therapy treatment assigned per contract year, with responsibility for health and safety issues for students resting solely on Union when at a facility designated by the Board of Education and including transportation vehicles.
- b. Equipment which will facilitate evaluation and treatment as agreed upon by both parties.
- c. It is in the best interests of the children serviced by this agreement that current medical documentation be obtained by the Union district and provided to the therapist as needed for safe implementation of physical therapy services.
- d. Union agrees not to hire therapist, including but not limited to licensed occupational therapists (O.T.), and licensed physical therapists (P.T.) provided by Healthcare for a period of two years following therapist's last date of service to Union. If any therapist actually furnished to Union by Healthcare should, within two years from the cessation of service under this agreement, be hired by Union on a temporary or permanent basis, upon the commencement of employment Union shall be obligated to pay Healthcare an amount equal to forty (40%) percent of the therapist's annualized gross salary.

5. CONFIDENTIALITY OF CERTAIN RECORDS:

The parties recognize that the records and information generated in connection with the consulting service or treatment may be privileged or confidential. The parties each agree to observe the requirements of any applicable privilege and statutory or other duty of confidentiality, (including, but not limited to, any arising under the provisions of 21U.S.C.4582, and C.F.R.2.1.et.seq.), to assist each other in obtaining any necessary waivers or consents to disclosure, and not to require disclosure of records or information by the other which might constitute a breach of privilege or duty or involve any offense or violation.

SCHOOL-BASED
AGREEMENT FOR PHYSICAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013

4

6. RENEWAL:

This Agreement may, by mutual agreement, be renewed on a school-year-to-school-year basis. The parties shall keep each other advised as to whether this Agreement may be so renewed, but neither party shall be bound to renew this Agreement or become otherwise liable to the other by reason of any failure to so advise the other.

7. TERMINATION:

Either party may terminate this Agreement upon its giving thirty (30) days prior written notice thereof to the other.

8. COMPLIANCE AND APPLICABLE LAW:

To the extent applicable under Section 1861 (v)(1)(I) of the Social Security Act, as amended, Healthcare agrees with Union that, upon request made in accordance with applicable law and regulations, the Comptroller General of the United States, the United States Department of Health and Human Services, and the duly authorized representatives of the foregoing, shall be given access to this Agreement, and all books, documents and records of Healthcare and Union that are necessary to verify the nature and extent of the costs to Union of services rendered. Such access shall be given from the date of this Agreement until the expiration of four (4) years after the furnishing of services under this Agreement. In the event any request for any such party's books, documents and records is made pursuant to this Section, such party shall notify the other, shall promptly provide a copy of such request and shall promptly provide a copy of each book, document and record to such other party and shall grant such other party access thereto for review and reproduction.

9. HIPAA COMPLIANCE:

The parties agree to comply with all applicable requirements of the Health Insurance Portability Act of 1996 and its related regulations ("HIPAA"), including any and all requirements regarding privacy and security of health information. In addition, each party agrees to execute any documents or amendments to the Agreement reasonably necessary for each of the parties to comply with HIPAA, and agree to and incorporate the terms and conditions set forth in Exhibit A hereto.

10. INDEPENDENT CONTRACTOR:

The Contractor shall, in all respects, be considered an Independent Contractor as that term is defined in federal and state law regulations. It is expressly understood that no employer-employee relationship exists between the parties by virtue of this Agreement as a result of the nature of the engagement.

11. INSURANCE:

The Contractor shall provide to the Board proof of insurance in the following form and minimum limits:

Professional Liability:	\$1,000,000
Worker's Compensation:	\$ 500,000
General Liability:	\$1,000,000

The general liability policy shall name the Township of Union Board of Education as additional insured and proof of same shall be provided on the standard ACORD form.

12. INDEMNIFICATION:

To the fullest extent permitted by law, each party shall indemnify, defend and hold harmless the other party for any and all claims, expenses and/or reasonable attorney fees, which may arise as a result of this engagement and/or the services provided hereunder.

SCHOOL-BASED
AGREEMENT FOR PHYSICAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013

13. REQUISITE AUTHORITY:

The undersigned representatives of the parties have the requisite authority from their respective entities to sign this Agreement and legally bind said respective parties.

14. MISCELLANEOUS:

This Agreement shall bind and insure to the benefit of the parties and their respective successors and assigns. This Agreement shall be governed by the laws of the State of New Jersey. This Agreement cancels and supersedes all prior Agreements and understandings oral or written, between the parties. It constitutes the entire Agreement of the parties with respect to the subject matter hereof. It may be modified or amended only by written Agreement specifically referring hereto and signed by the parties. Each party shall cooperate with, and shall take such further action and execute and deliver such further documents as may be reasonably requested by the other party, in order to confirm this Agreement or to carry out its provisions or purposes.

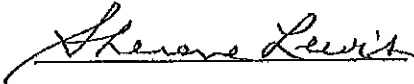
EXHIBIT A

BUSINESS ASSOCIATE AGREEMENTS - CONFIDENTIALITY of Patient Health Information

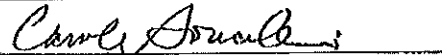
Trinitas Healthcare Corporation ("Healthcare") recognizes that Union Township Board of Education ("Union") has individually-identifiable patient health information ("Information") the confidentiality of which is protected by federal and state laws and rules, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information, 42 CFR, Part 164. Healthcare may not use or disclose Information in any manner, for any purpose, except to carry out its obligations to provide to Union those Services specified in this Agreement. Healthcare shall not use or further disclose Information other than as permitted by this Agreement or as required by law. Healthcare shall use appropriate safeguards to prevent the use or disclosure of the Information other than as permitted or required by this Agreement; shall report to Union any use or disclosure of the Information not provided for by this Agreement of which Healthcare becomes aware; shall ensure that any agents, employees or subcontractors to whom it provides Information received from or created or received by Healthcare on behalf of Union agree to the same restrictions and conditions that apply to Healthcare with respect to such Information; shall make such Information available to the individual who is the subject of the Information, for review and amendment, to the extent required under applicable regulations; and shall make available to Union any information necessary to permit Union to account for its disclosures under applicable regulations. At the termination of this Agreement, to the extent feasible, Healthcare shall return or destroy, at the discretion of Union, all information received from or created or received by Healthcare on behalf of Union, or, if returning or destroying the information is not feasible, shall extend the foregoing protections to the information in perpetuity. Healthcare shall make its internal practices, books, and records relating to the use and disclosure of information available to the Secretary of Health and Human Services for purposes of determining Union's compliance with applicable regulations.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS THE DAY AND YEAR FIRST WRITTEN ABOVE.

Attest:



TRINITAS HEALTHCARE CORPORATION
CHILDREN'S THERAPY SERVICES


SIGNED

NAME: Carole Soricelli

TITLE: Director of Children's Therapy Services

Attest:

UNION TOWNSHIP BOARD OF EDUCATION

SIGNED

NAME: _____

TITLE: _____



SCHOOL-BASED
AGREEMENT FOR OCCUPATIONAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013

1

An Affiliate of Trinitas Healthcare Corporation

Agreement made this 27th day of March 2013 by and between:

Trinitas Healthcare Corporation
Children's Therapy Services
(A New Jersey Non-Profit Corporation)
899 Mountain Avenue - Suite 1A
Springfield, NJ 07081

hereinafter to be referred to as "Healthcare"

and

Union Township Board of Education
2155 Morris Avenue
Union, NJ 07083

hereinafter to be referred to as "Union"

Whereas, Healthcare offers and/or arranges for consulting services by licensed occupational therapists (O.T.), licensed physical therapists (P.T.), including occupational or physical therapy students under the direct supervision of licensed therapists, and for which Healthcare shall maintain the required documentation, in order to assist mental health agencies, social services agencies and educational facilities to conform to state regulations, and to develop and implement quality services;

and

Whereas, Union operates a department of Special Education and desires the services of a licensed occupational therapist to provide necessary occupational therapy to its students including those enrolled at The Children's Institute, Verona, NJ;

and

Whereas, Healthcare desires to provide the services of a licensed occupational therapist (O.T.) to students of Union, and Union desires to receive the same, all the terms and conditions more particularly set forth herein;

Now, therefore, Healthcare and Union hereby agree as follows:

1. TERM:

The term of this Agreement shall commence on the 17th day of April, 2013 and shall continue until the expiration of the school year on or about June 30, 2013. Thereafter, this Agreement may be renewed pursuant to paragraph six (6), for subsequent school years. This Agreement may be terminated on notice, pursuant to paragraph seven (7).

2. COMPENSATION:

In consideration of the services to be rendered by Healthcare, as described in paragraph three (3), Union shall pay monthly to Healthcare a sum equal to:

~ Eighty two dollars (\$82.00) for each hour of service rendered.

**SCHOOL-BASED
AGREEMENT FOR OCCUPATIONAL THERAPY
RELATED SERVICES
SCHOOL YEAR 2012 - 2013**

2

The present agreement assumes the following parameters of time:

- ~ An average week consisting of twelve (12.00) hours of *therapist availability* to provide services.
- ~ An average four (4.00) hours x \$82.00 per hour = \$328.00 for evaluations.

Such monthly compensation shall be based on actual hours of therapist availability provided as shown in attached documentation (monthly service provision logs), and will include charges for preparation and documentation. Payment will be due fifteen (15) days upon receipt of bill or invoice.

Any additional agreed upon services will be billed at \$82.00 per hour.

If, for any reason, full payment of any installment is not made on or before two (2) months following the due date thereof, as aforesaid, Healthcare shall have the right in its sole discretion to discontinue further performance of this Agreement, in addition to any other available right or remedy. The parties shall consult and agree upon acceptable forms of written voucher(s) and/or receipts with respect to payments.

Union shall only be billed for services provided by Healthcare's therapists (i) as requested by Union per student's Individualized Education Program; and/or (ii) as required by law; and (iii) in accordance with best professional practice standards.

3. SERVICES:

Healthcare shall provide Union licensed occupational therapists (O.T.) in the school system (or appropriate designated area) for: twelve (12.00) hours per week for the school year and four (4.00) hours x \$82.00 per hour = \$328.00 for evaluations.

Generally, therapy will take place between the hours of 8:00 a.m. and 4:00 p.m. with a half hour lunch break.

Only New Jersey State certified and licensed occupational therapists and physical therapists will provide services under this Agreement.

Services Include:

Occupational therapy screenings and evaluations as approved by the child study team supervisor. Billing for screenings/evaluations are included in the monthly totals at the hourly rate listed above.

Documentation including:

Student attendance log.* Annual educationally relevant goals and objectives. Progress summaries for present levels of academic achievement and functional performance (PLAAFP). Reports for tri-annual evaluations. Other reports on students who have been identified as requiring occupational therapy intervention or consultation.

Quarterly progress summaries for each student shall be billed at the hourly rate of one (1) therapy session per student, unless other arrangements are mutually agreed upon between Healthcare and the Union district.

* S.E.M.I. documentation or other accommodations desired for Medicaid reimbursement will be billed at the hourly rate.

Therapeutic Services:

Therapists will implement annual goals and objectives by the following service delivery methods as outlined in the PLAAFP of the IEP.

Direct therapy services, provided by a licensed therapist as specified in the child's IEP by the child study team. This includes both individual and group sessions.

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Consultation services, provided by the therapist to meet the goals and objectives as outlined in the IEP for classroom activities. It may include classroom teacher, special teachers, teaching assistants, individual student's aide or parents.

Monitoring services, to maintain and support the child's ability to benefit from his/her educational program with non-direct intervention by the therapist.

Consultation with education staff and participation in interdisciplinary meetings. Ongoing written and verbal communication with appropriate district personnel regarding: Changes in the status of the children serviced. Changes in the therapy schedule. Environmental suitability. Equipment ordering, maintenance, and storage

Communication with parents/guardians regarding student's occupational therapy program, goals and/or status; this includes telephone consultation on therapy issues when the therapist is not on site.

Healthcare shall provide Union treatment for students requiring direct services in a manner which attempts to minimize disruption of the educational process, coordinate the availability of space and staff, and allow for the maximum time spent engaging in therapeutic activity to achieve stated goals for students.

The Trinitas Healthcare Corporation shall save and hold harmless the Union Township Board of Education regarding the direct services of occupational and physical therapists to students of Union and when at their designated facilities.

4. OBLIGATIONS:

The Union Township Board of Education agrees to provide:

- a. Designated, consistent, safe space conducive to occupational therapy treatment assigned per contract year, with responsibility for health and safety issues for students resting solely on Union when at a facility designated by the Board of Education and including transportation vehicles.
- b. Equipment which will facilitate evaluation and treatment as agreed upon by both parties.
- c. Union agrees not to hire therapist, including but not limited to licensed occupational therapists (O.T.), and licensed physical therapists (P.T.) provided by Healthcare for a period of two years following therapist's last date of service to Union. If any therapist actually furnished to Union by Healthcare should, within two years from the cessation of service under this agreement, be hired by Union on a temporary or permanent basis, upon the commencement of employment Union shall be obligated to pay Healthcare an amount equal to forty (40%) percent of the therapist's annualized gross salary.

5. CONFIDENTIALITY OF CERTAIN RECORDS:

The parties recognize that the records and information generated in connection with the consulting service or treatment may be privileged or confidential. The parties each agree to observe the requirements of any applicable privilege and statutory or other duty of confidentiality, (including, but not limited to, any arising under the provisions of 21 U.S.C. 4582, and C.F.R. 2.1 et seq.), to assist each other in obtaining any necessary waivers or consents to disclosure, and not to require disclosure of records or information by the other which might constitute a breach of privilege or duty or involve any offense or violation.

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6. RENEWAL:

This Agreement may, by mutual agreement, be renewed on a school-year-to-school-year basis. The parties shall keep each other advised as to whether this Agreement may be so renewed, but neither party shall be bound to renew this Agreement or become otherwise liable to the other by reason of any failure to so advise the other.

7. TERMINATION:

Either party may terminate this Agreement upon its giving thirty (30) days prior written notice thereof to the other.

8. COMPLIANCE AND APPLICABLE LAW:

To the extent applicable under Section 1861 (v)(1)(I) of the Social Security Act, as amended, Healthcare agrees with Union that, upon request made in accordance with applicable law and regulations, the Comptroller General of the United States, the United States Department of Health and Human Services, and the duly authorized representatives of the foregoing, shall be given access to this Agreement, and all books, documents and records of Healthcare and Union that are necessary to verify the nature and extent of the costs to Union of services rendered. Such access shall be given from the date of this Agreement until the expiration of four (4) years after the furnishing of services under this Agreement. In the event any request for any such party's books, documents and records is made pursuant to this Section, such party shall notify the other, shall promptly provide a copy of such request and shall promptly provide a copy of each book, document and record to such other party and shall grant such other party access thereto for review and reproduction.

9. HIPAA COMPLIANCE:

The parties agree to comply with all applicable requirements of the Health Insurance Portability Act of 1996 and its related regulations ("HIPAA"), including any and all requirements regarding privacy and security of health information. In addition, each party agrees to execute any documents or amendments to the Agreement reasonably necessary for each of the parties to comply with HIPAA, and agree to and incorporate the terms and conditions set forth in Exhibit A hereto.

10. INDEPENDENT CONTRACTOR:

The Contractor shall, in all respects, be considered and Independent Contractor as that term is defined in federal and state law regulations. It is expressly understood that no employer-employee relationship exists between the parties by virtue of this Agreement as a result of the nature of the engagement.

11. INSURANCE:

The Contractor shall provide to the Board proof of insurance in the following form and minimum limits:

Professional Liability:	\$1,000,000
Worker's Compensation:	\$ 500,000
General Liability:	\$1,000,000

The general liability policy shall name the Township of Union Board of Education as additional insured and proof of same shall be provided on the standard ACORD form.

12. INDEMNIFICATION:

To the fullest extent permitted by law, each party shall indemnify, defend and hold harmless the other party for any and all claims, expenses and/or reasonable attorney fees, which may arise as a result of this engagement and/or the services provided hereunder.

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13. REQUISITE AUTHORITY:

The undersigned representatives of the parties have the requisite authority from their respective entities to sign this Agreement and legally bind said respective parties.

14. MISCELLANEOUS:

This Agreement shall bind and insure to the benefit of the parties and their respective successors and assigns. This Agreement shall be governed by the laws of the State of New Jersey. This Agreement cancels and supersedes all prior Agreements and understandings oral or written, between the parties. It constitutes the entire Agreement of the parties with respect to the subject matter hereof. It may be modified or amended only by written Agreement specifically referring hereto and signed by the parties. Each party shall cooperate with, and shall take such further action and execute and deliver such further documents as may be reasonably requested by the other party, in order to confirm this Agreement or to carry out its provisions or purposes.

EXHIBIT A

BUSINESS ASSOCIATE AGREEMENTS - CONFIDENTIALITY of Patient Health Information

Trinitas Healthcare Corporation ("Healthcare") recognizes that Union Township Board of Education ("Union") has individually-identifiable patient health information ("Information") the confidentiality of which is protected by federal and state laws and rules, including, without limitation, the Standards for Privacy of Individually Identifiable Health Information, 42 CFR, Part 164. Healthcare may not use or disclose Information in any manner, for any purpose, except to carry out its obligations to provide to Union those Services specified in this Agreement. Healthcare shall not use or further disclose Information other than as permitted by this Agreement or as required by law. Healthcare shall use appropriate safeguards to prevent the use or disclosure of the Information other than as permitted or required by this Agreement; shall report to Union any use or disclosure of the Information not provided for by this Agreement of which Healthcare becomes aware; shall ensure that any agents, employees or subcontractors to whom it provides Information received from or created or received by Healthcare on behalf of Union agree to the same restrictions and conditions that apply to Healthcare with respect to such Information; shall make such Information available to the individual who is the subject of the Information, for review and amendment, to the extent required under applicable regulations; and shall make available to Union any Information necessary to permit Union to account for its disclosures under applicable regulations. At the termination of this Agreement, to the extent feasible, Healthcare shall return or destroy, at the discretion of Union, all Information received from or created or received by Healthcare on behalf of Union, or, if returning or destroying the Information is not feasible, shall extend the foregoing protections to the Information in perpetuity. Healthcare shall make its internal practices, books, and records relating to the use and disclosure of Information available to the Secretary of Health and Human Services for purposes of determining Union's compliance with applicable regulations.

IN WITNESS WHEREOF, THE PARTIES HERETO HAVE SET THEIR HANDS THE DAY AND YEAR FIRST WRITTEN ABOVE.

Attest:

Sherona Lewis

TRINITAS HEALTHCARE CORPORATION
CHILDREN'S THERAPY SERVICES

Carole Soricelli
SIGNED

NAME: Carole Soricelli

TITLE: Director of Children's Therapy Services

Attest:

UNION TOWNSHIP BOARD OF EDUCATION

SIGNED

NAME: _____

TITLE: _____