

WELLNESS MANAGEMENT SERVICES

Trinitas Regional Medical Center – Department of Behavioral Health and Psychiatry

CONTRACT: AGREEMENT FOR STUDENT SUPPORT SERVICES

Opening:

This agreement, made this 15th day of August, 2018

Between

**Wellness Management Services
of Trinitas Regional Medical Center
Department of Behavioral Health and Psychiatry
655 East Jersey Street
Elizabeth, New Jersey 07206
Tax ID #: 22 360 1678**

and

**Union Township Public Schools
1000 Caldwell Ave.
Union, New Jersey 07083**

Scope of the Work / Conditions:

It is agreed that Wellness Management Services will provide the following:

Program Title:

The Union High School Student Support Program

Program Services:

Provide student counseling, skill building, individual and group counseling, assessment, psycho educational presentations, individual and group parent guidance and teacher, staff and administrative support and guidance at Union High School during the school year September, 2018 to June, 2019 as outlined in the attached proposal entitled:

Request for Proposal to Provide Professional Services For Student Support for 2018-2019 School Year

Program Objectives:

To improve the academic, social, learning and behavioral skills of at risk Union High School students. To provide support and guidance to High School students identified as having personal, behavioral and/or emotional difficulties.

Program Time Period / Term:

The school year commencing in September, 2016 and ending in June, 2017.

Program Participants:

At risk students, high school teachers, school staff and parents at Union High School.

Cost:

\$ 82,000 for the school year including all services, materials, materials development and transportation costs.

Payment Terms:

Total payment to be divided up into 10 equal monthly payments, payable 14 days after the end of the previous month's services.

Signed:

For Wellness Management Services of Trinitas Regional Medical Center:

Rodger Goddard, Ph.D.

Director, Wellness Management Services

 (Signed)

_____ (Date)

For Union Township Schools President Board of Education

_____ (Name)

_____ (Title)

_____ (Signed)

_____ (Date)