


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

TO: Pat Ditri
FROM: Jason Killian 
RE: Board Agenda Items
DATE: May 22, 2013

The committee recommends and I so move that the board approve New Hope Foundation, 80 Conover Road, Marlboro, NJ 07746-0066 to provide bedside instruction for a district student in the amount of \$1350.00 from March 4-March 20, 2013 in accordance with the information in the hands of each board member.
(7693-11-150-100-320-01-19)



Dedicated to Success in Recovery

Student Name:

Date of Birth: 3/7/1995

Entry Date: 3/4/2013

Approximate Length of Stay: 2-6 months

Home Address: 2669 Spruce St., Union, NJ 07083

School: Greenbrook Academy

District: Union

Grade: 12

County: Union

Signature of Approval: _____

Date: _____

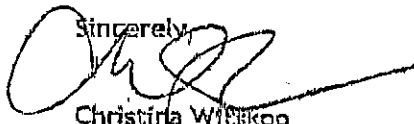
Please Include Billing Information:

This is to advise you that the student named above has been admitted to treatment at our Marlboro, NJ inpatient facility and will be unable to attend school for the period that they will be in residential care. As you know, NJAC 6A:6-10.2, holds school districts responsible to make arrangements to provide alternative instruction for such students and we will be contacting you directly to make these arrangements.

New Hope employs New Jersey Certified Teachers and contracts with Monmouth-Ocean Educational Services Commission to meet the subject-specific educational needs of the adolescent in its care. This academic component is fully integrated into its treatment milieu with teachers, professional, and supervisory staff working closely as part of a multi-disciplinary treatment team. Our objective is to insure that district educational plans are successfully implemented in a context that is sensitive to the student's clinical status. This component to our care will also allow your district to effectively and economically meet its obligation to provide high quality educational services and contribute to the successful treatment of the student temporarily in our care.

Under this arrangement, New Hope Foundation will provide attendance records and invoice your district monthly at a rate of 450.00 for any partial week or full week that a student is in our care. This fee covers the cost of materials and instruction for four-hour school days covering the four major subject areas in coordination with Individual Education Plans that we will coordinate with you. Report cards will be issued at the end of each marking period and included with the billing statement for that month.

As indicated, we will be contacting you directly to complete educational arrangements for the above student. If you have any questions in the meantime, please call the Education Department directly at (732) 946-3030 ext. 234.

Sincerely,

Christina Wickop
Director of Adolescent Services

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

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 HOPE FOUNDATION

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) ▶ _____
 Other (see instructions) ▶ _____

Address (number, street, and apt. or suite no.)
80 CONOVER ROAD

City, state, and ZIP code
MARLBORO, NJ 07746

List account number(s) here (optional)

Requirer's name and address (optional)

Exempt payee

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 | | | | | | | | |
|------------------------|--|--|---|--|--|--|--|--|
| | | | - | | | | | |

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| Employer identification number | | | | | | | | | |
|--------------------------------|---|---|---|---|---|---|---|---|---|
| 2 | 2 | - | 2 | 1 | 1 | 6 | 9 | 1 | 4 |

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 ▶ *M. Rucbraewsky* Date ▶ *1/28/2013*

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.

**STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE**

TAXPAYER NAME:
THE NEW HOPE FOUNDATION, INC

TAXPAYER IDENTIFICATION#:
222-116-914/000

ADDRESS:
NEW HOPE CTS MARLBORO PSYCHIAT
MARLBORO NJ 07746

EFFECTIVE DATE:
04/02/76

TRADE NAME:

SEQUENCE NUMBER:
0067049

ISSUANCE DATE:
07/29/04

FORM-BRC(08-01)

DEPARTMENT OF TREASURY,
 DIVISION OF REVENUE
 PO BOX 284
 TRENTON, NJ 08646-0284

Asst. Director
J.P. S. Tully

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



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: THE NEW HOPE FOUNDATION INC
Trade Name:
Address: NEW HOPE CTG MARLBORO PSYCHIATRIC
MARLBORO, NJ 07746
Certificate Number: 0067049
Date of Issuance: July 28, 2006

For Office Use Only:
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