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

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TO: Greg Tatum  
C; Diane Cappiello  
Julia Vicidomini

From: Kim Conti *KC*

Re: Board Agenda Item

Date: May 25, 2017

Approve Morris Union Jointure Commission, 340 Central Avenue, New Providence, New Jersey to provide:

- Physical Therapy: \$203.00 per hour
- Occupational Therapy: \$184.00 per hour
- Speech Therapy: \$214.00 per hour
- Personal Aides for ESY: \$10,426.50 each
- Personal Aides 10 months: \$69,510.00 each

These services are in accordance with the students' IEPs and will be charged to account # 11-000-216-320-01-19, not to exceed \$380,000.00 for the 2017-2018 school year.

MORRIS-UNION JOINTURE COMMISSION

340 Central Avenue

New Providence, NJ 07974

(908) 464-7625 FAX (908) 464-1244

DLC RELATED SERVICES CONTRACT HOURLY-2017-2018 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	\$184	\$245
<input type="checkbox"/> Physical Therapy Services	\$203	\$270
<input type="checkbox"/> Speech/Language Services	\$214	\$286

Please check one of the three options below.

- 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).
- Evaluation and proceed with therapy as recommended by the evaluating therapist up to \_\_\_\_\_ hrs./wk.
- 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. Subject to the provisions of the New Jersey Torts Claims Act and the New Jersey Contractual Liability Act, the SENDING DISTRICT and its agents, employees, officers, volunteers, licensees, invitees, and guests assume all liability for and agree to indemnify and hold the RECEIVING DISTRICT and its agents, employees, officers, volunteers, licensees, invitees, and guests harmless from and against any and all claims, losses, damages, injuries, and expenses, including but not limited to reasonable attorneys' fees arising from or incurred in connection with any acts, omissions, or negligence by the SENDING DISTRICT, or its agents, employees, officers, volunteers, licensees, invitees, and guests related to the performance of their obligations under this Agreement. Subject to the provisions of the New Jersey Tort Claims Act and the New Jersey Contractual Liability Act, the RECEIVING DISTRICT and its agents, employees, officers, volunteers, licensees, invitees, and guests assume all liability for and agree to indemnify and hold the SENDING DISTRICT and its agents, employees, officers, volunteers, licensees, invitees, and guests harmless from and against any and all claims, losses, damages, injuries, and expenses, including but not limited to reasonable attorneys' fees arising from or incurred in connection with any acts, omissions, or negligence by the RECEIVING DISTRICT, or its agents, employees, officers, volunteers, licensees, invitees, and guests related to the performance of their obligations under this Agreement. Both the SENDING DISTRICT and RECEIVING DISTRICT shall maintain liability insurance with limits as required by law.

\_\_\_\_\_  
 Director of Special Services      Date      School Business Administrator      Date  
 (If required by requesting district)

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