

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

TO: Greg Tatum

**C: Diane Cappiello
Julia Vicidomini**

From: Kim Conti 

Re: Board Agenda Item

Date: May 1, 2018

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

- **Physical Therapy: \$210.00 per hour**
- **Occupational Therapy: \$190.00 per hour**
- **Speech Therapy: \$220.00 per hour**
- **Personal Aides for ESY: \$10,635.00 each**
- **Personal Aides 10 months: \$70,900.00 each**

**These services are in accordance with the students' IEPs and will be
charge to account # 11-000-216-320-01-19, not to exceed \$405,000.00
for the 2018-2019 school year.**

RELATED SERVICES CONTRACT HOURLY 2018-2019 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/HOUR	
	<u>Member</u>	<u>Non-Member</u>
<input type="checkbox"/> Adaptive Physical Education	\$180	\$240
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$190	\$250
<input type="checkbox"/> Physical Therapy Services	\$210	\$275
<input type="checkbox"/> Speech/Language Services	\$220	\$295

INSERVICES

	COST PER INSERVICE	
<input type="checkbox"/> Inservice half day	\$705	\$940
<input type="checkbox"/> Inservice full day	\$1,250	\$1,665

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

1. **Evaluation only.** Authorize up to _____ hours for the evaluation. We wish to review recommendations before requesting therapy. (In this case, a second form must be submitted if you wish to request services).
2. **Evaluation and** proceed with therapy as recommended by the evaluating therapist up to _____ hrs./wk.
3. **Therapy (Note: ½ hour minimum and 15 minute increments only)**

Individual: _____ sessions/week _____ minutes/session
 Group: _____ sessions/week _____ minutes/session
 Consultation: _____ 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.

In certain circumstances concerning distance to student's site, the Morris-Union Jointure Commission may charge an additional fee for travel.

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)

Township of Union Schools K-12



Kathleen Gilmartin <kgilmartin@twpunionschools.org>

MUJC 2018 ESY and 2018-2019 1:1 Rates

1 message

Diane Viola Henriksen <dhenriksen@mujc.org>

Tue, May 1, 2018 at 10:05 AM

To: kgilmartin@twpunionschools.org

Kathy:

As discussed, the Morris-Union Jointure Commission's (MUJC) 1:1 full time instructional aide prices are:

2018 Extended School Year (ESY) - \$10,635.50

2018-2019 School Year Program - \$70,900.00

Please let me know if you need anything else.

Diane

Diane Viola-Henriksen

Director of Professional Development

Morris-Union Jointure Commission

340 Central Avenue

New Providence, NJ 07974

o | 908-464-7625, ext. 1109

f | 908-464-1244

e | dhenriksen@mujc.org

This e-mail (including any attachments) is intended only for the exclusive use of the individual or group to whom it is addressed. The information contained hereinafter may be proprietary, confidential, privileged, and exempt from disclosure under applicable law. If the reader of this e-mail is not the intended recipient(s) or agent responsible for delivering the message to the intended recipient(s), the reader is hereby put on notice that any use, dissemination, distribution, or copying of this communication is strictly prohibited. If the reader has received this communication in error, please notify the sender by telephone or e-mail and delete all copies of this e-mail and any attachments. Thank You

*Email Disclaimer: The information contained in or accompanying this e-mail is for the sole use of the intended recipient and may contain information that is confidential and/or privileged. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution, disclosure or copying of this e-mail is strictly prohibited. If you have received this e-mail in error, please notify the sender immediately and delete this e-mail from your system. Any views or opinions presented are solely those of the author and do not necessarily represent those of the Township of Union Board of Education. Please be aware that no electronic communication using equipment or services belonging to the Township of Union Board of Education is considered private. All communications created using this equipment or service is the property of the Township of Union Board of Education. The Township of Union Board of Education reserves the right to copy, archive and retain all communications as required by Federal Law.