

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

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**TO: Pat Ditri**  
**From: Kim Conti**   
**Re: Board Agenda**  
**Date: June 27, 2013**

**The committee recommends and I so move that approval be given to Morris Union Jointure Commission, 340 Central Ave, New Providence, NJ 07974 to provide Physical Therapy evaluations at the rate of 220.00 per hour for the school year 2013-2014 not to exceed \$2,200.00. Acct. # 11-000-219-320-01-19.**

**MORRIS-UNION JOINTURE COMMISSION**  
**340 Central Avenue**  
**New Providence, NJ 07974**  
**(908) 464-7625 (Ext. 1119) FAX (908) 464-1244**

**RELATED SERVICES CONTRACT HOURLY**  
**2013-2014 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)**

	<b>COST/HOUR</b>	
	<b><u>Member</u></b>	<b><u>Non-Member</u></b>
<input type="checkbox"/> Adaptive Physical Education	\$195	\$235
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$200	\$245
<input type="checkbox"/> Physical Therapy Services	\$220	\$265
<input type="checkbox"/> Social Worker Services	\$230	\$275
<input type="checkbox"/> Speech/Language Services	\$235	\$280

**(Complete page 2 on reverse)**

**CST EVALUATION**

**COST PER EVALUATION**

Social Worker Evaluation (with 1/2 hour conference)      \$715      \$900

**INSERVICES**

**COST PER INSERVICE**

Inservice half day      \$775      \$975  
 Inservice full day      \$1,400      \$1,650

(Continued on reverse)

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:	<u>    </u> sessions/week	<u>    </u> minutes/session
Group:	<u>    </u> sessions/week	<u>    </u> minutes/session
Consultation:	<u>    </u> sessions/week	<u>    </u> 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.

To the fullest extent permitted by law, the Sending District shall indemnify and hold harmless the Commission, its officials, employees, and agents from and against all claims, damages, and expenses, including but not limited to reasonable attorneys' fees, arising from, in connection with, or as a result of this Agreement or the provision of services hereunder. This indemnification and hold harmless provision, however, shall not include any claim caused by or resulting from the negligence, willful misconduct or intentional wrongdoing of the Commission, its officials, employees, and/or agents without any contributing negligence, willful misconduct or intentional wrongdoing on the part of the Sending District, its officials, employees, or agents. In the event contributory negligence, intentional wrongdoing, or willful misconduct is adjudicated against Sending District, Sending District's indemnification obligation hereunder shall be limited to the percentage of such negligence attributed to Sending District by the adjudicating authority.

\_\_\_\_\_  
**Director of Special Services      Date**

\_\_\_\_\_  
**School Business Administrator      Date**  
(If required by requesting district)

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