

340 Central Avenue

New Providence, NJ 07974

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

**RELATED SERVICES CONTRACT HOURLY 2024 EXTENDED 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**

	<b><u>Member</u></b>	<b><u>Non-Member</u></b>
<input type="checkbox"/> Adaptive Physical Education	\$201	\$263
<input type="checkbox"/> Occupational Therapy Services w/OTR	\$206	\$273
<input type="checkbox"/> Physical Therapy Services	\$227	\$304
<input type="checkbox"/> Speech/Language Services	\$242	\$324

**INSERVICES**

**COST PER INSERVICE**

<input type="checkbox"/> Inservice half day	\$773	\$1,030
<input type="checkbox"/> Inservice full day	\$1,370	\$1,823

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)