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

DLC RELATED SERVICES CONTRACT HOURLY–EXTENDED SCHOOL YEAR 2013

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.: 3/25/01

Sending District: Franklin Twp. District Code: 035

Receiving District: _____ District Code: 035

Class Name: Autism Teacher: _____

School: DLC- Warren School Code: 160

Contact Person: Lorri Mountainland Phone #: 732-297-5666 x286

SERVICES REQUESTED: (Check one only)

	COST FACTOR/HOUR	
	Member	Non-Member
✓ Occupational Therapy Services w/OTR	$200	$245
___ Physical Therapy Services	$220	$265
___ Speech/Language Services	$235	$280

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

1. ____ 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).

2. ____ Evaluation and proceed with therapy as recommended by the evaluating therapist up to _____ hrs./wk.

3. Individual Therapy: 2 sessions/week 30 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.

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.

William M. DeGraaf 6-27-13
Director of Special Services **Date**

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

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

MORRIS-UNION JOINTURE COMMISSION
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DLC 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.

Studen _____ D.O.B.: 3/25/01

Sending District: Franklin Township District Code: 035

Receiving District: _____ District Code: 035

Class Name: Autism Teacher: _____

School: DLC- Warren School Code: 160

Contact Person: Lorri Mountainland Phone #: 732-297-5666 x286

SERVICES REQUESTED: (Check one only)

	COST FACTOR/HOUR	
	Member	Non-Member
✓ Occupational Therapy Services w/OTR	$200	$245
___ Physical Therapy Services	$220	$265
___ Speech/Language Services	$235	$280

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

1. ____ 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).

2. ____ Evaluation and proceed with therapy as recommended by the evaluating therapist up to _____ hrs./wk.

3. Individual Therapy: 2 sessions/week 30 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.

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Colleen M. DeAngelo 6-27-13
Director of Special Services **Date**

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

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