


DEPARTMENT OF SPECIAL SERVICES
Township of Union Public Schools
M - E - M - O - R - A - N - D - U - M

TO: Pat Ditri
FROM: Jason Killian 
RE: Board Agenda
DATE: 08-07-2012

The Superintendent recommends, the committee concurs, and I so move that the Board approve Amy Jacobs to present a 2 hour suicide awareness training to District staff during the 2012-2013 school year at a rate of \$400.00. (11-000-219-320-02-19)



Behavioral Research and Training Institute
Traumatic Loss Coalitions for Youth

151 Centennial Avenue, Piscataway, NJ 08854
732-235-2810

August 7, 2012

Donna Wozniak
Union Township School District

Dear Ms Wozniak:

This letter will confirm the future presentation of our 2-hour suicide awareness training program for educators to the Union Township School District during the 2012-2013 school year.

Amy Jacob, LCSW will provide the training and her bio has been included for your information. Please contact her directly to confirm training date, location and directions. The fee for the program is \$400 payable directly to the trainer.

The Union Township School District is requested to provide the following:

- An LCD Projector, computer that accepts a jump drive, screen, and a DVD player
- Duplication of PowerPoint presentation handouts for all attendees (attached)
- Duplication & distribution of Professional Development Certificate to attendees (attached)
- Duplication & distribution of the Evaluation Form to be completed and given to the trainer
- Typed/printed sign-in sheet with names and corresponding signatures verifying attendance; we will need a copy of this attendance sheet after the training.**
- Direct fee payment to the trainer

Thank you for your interest in our Suicide Awareness Program for educators. Please let us know if you have any concerns or if we can be of further assistance.

Best Regards,

Donna Amundson, LCSW, Program Manager
Traumatic Loss Coalitions for Youth

Amy S. Jacob, LCSW

PO Box 1403, Highland Park, NJ 08904

amysjacob@gmail.com

Cell: 732.718.9821

Amy Jacob is a licensed clinical social worker in Middlesex County, NJ. She has a career history spanning 15 years of service to children, families and child-serving organizations.

Ms. Jacob is a Training Consultation Specialist for the Violence Institute of NJ as well as project coordinator and lead trainer for "Creating Safe and Respectful Environments," an initiative through the University of Medicine and Dentistry of New Jersey – University Behavioral HealthCare (UMDNJ-UBHC) funded by the NJ Juvenile Justice Commission. In this role, she coordinates a training program on the topics of mental health disorders among adolescents, crisis intervention techniques and suicide prevention for juvenile detention centers and state-run secure care facilities and residential centers.

Amy Jacob served as the Middlesex County Coordinator for the Traumatic Loss Coalitions for Youth Project from August 2001 through July 2006. This program is managed by UMDNJ - University Behavioral HealthCare and supported by the NJ State Division of Mental Health Services. The Traumatic Loss Coalition brings together professionals from schools, mental health agencies, law enforcement, clergy and other community organizations in order to identify and coordinate resources for school communities after traumatic loss events. As the Middlesex Traumatic Loss Coordinator, Jacob also worked closely with county officials and staff at UBHC-UMDNJ to identify, coordinate and facilitate training for a team of professionals across disciplines to provide on-site support and interventions for school communities after traumatic loss events.

In the past, Amy served as a Policy Advisor for Children's Issues to Governor Jim Florio of New Jersey, and worked as a Research Assistant for the Consortium for Policy Research in Education at Rutgers University.

Form **W-9**
(Rev. January 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Print or type
See specific instructions on page 2.

Name (as shown on your income tax return)
Amy Susan Jacob

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification (required):
 Individual/sole proprietor
 C Corporation
 S Corporation
 Partnership
 Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
 Other (see instructions) ▶
 Exempt payee

Address (number, street, and apt. or suite no.)
235 Valentine Street

City, state, and ZIP code
Highland Park, NJ 08904

Requester's name and address (optional)

List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

1	5	8	-	7	6	-	3	8	9	2
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Employer identification number

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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here

Signature of U.S. person ▶ *Amy S Jacob*

Date ▶ 8/9/11

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	JACOB, AMY S
Trade Name:	AMY S JACOB
Address:	235 VALENTINE STREET HIGHLAND PARK, NJ 08904-2204
Certificate Number:	1172556
Effective Date:	August 16, 2005
Date of Issuance:	August 09, 2011

For Office Use Only:

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