

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

TO: Pat Ditri
From: Kim Conti 
Re: Board Agenda
Date: May 1, 2012

Please place the following on the board agenda.

**The committee recommends and I so move that approval be given to Cross County Clinical and Educational Services for Child Study Team Evaluations in a Foreign Language at the rate of \$825.00 per evaluation for the school year 2012-2013, not to exceed 2500.00.
Acct. # 11-000-219-320-01-19**



Cross County Clinical &
Educational Services, Inc.
P.O. Box 150, Ringwood, NJ 07456
732-821-1266 FAX: 732-821-5886
mail@crosscountyclinical.com

SPECIAL SUMMER FEE SCHEDULE 2012 Child Study Team Evaluations

English	JULY 01 - AUGUST 30 2012	SEPTEMBER 01 - JUNE 30 2013
Speech-Language Diagnostic Battery	\$595.00	\$625.00
Psychological Diagnostic Battery		
Educational Evaluation by LDTC		
Social Work Evaluation/Social-Developmental History		
P/T Evaluation		
O/T Evaluation		
Battelle Developmental Inventory – 2 Certified Professionals – Five Domains	\$1190.00	\$1190.00
Bilingual		
	JULY-AUGUST 2012	SEPTEMBER- JUNE 2013
ARABIC CHINESE: CANTONESE - MANDARIN FRENCH HAITIAN CREOLE HEBREW GREEK INDIAN: BENGALI, GUJARATI, HINDI, URDU KOREAN POLISH PORTUGUESE RUSSIAN SPANISH	\$770	\$825.00 ea.
Battelle Developmental Inventory – 2 Certified Professionals – Five Domains	\$1,540	\$1,540
Formal reports – English:	N/C	N/C
Report summary in second language:	\$295.00 ea.	\$295.00 ea.
Complete Report translation in second language:	\$450.00 ea.	\$450.00 ea.
Translation/Interpreter Services		
Minimum of 3 hours a day on site: \$100-250/hr		
Psychological, Speech Pathology, LD, LCSW Services (on-site)		
For specific rates contact the CCC Director of Services: \$85.00-145.00/hr		
* Notes:		
Evaluators may not be able to attend Individualized Education Program Meetings. If available for IEP Meetings there is a minimum of 3 hours a day.		
OPEN PURCHASE ORDER DISCOUNTS UP TO 25% DISCOUNTS AVAILABLE CALL FOR DETAILS		

To: Kathleen Cullmartin

fax# 908-851-6881

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
PALUMBO, ELIZABETH S & MARK A
TAXPAYER IDENTIFICATION#:
223-872-080/000

TRADE NAME:
CROSS COUNTY CLINICAL & EDUCATIONAL
SEQUENCE NUMBER:
0037791

ADDRESS:
3176 RTE 27 #2B
KENDALL PARK NJ 08824

ISSUANCE DATE:
02/23/04

EFFECTIVE DATE:
04/01/99

J.P. S. Kelly
Acting Director

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.



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) Cross County Clinical & Educational Services, Inc.	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶	
Address (number, street, and apt. or suite no.) 3176 State Hwy 27	Requester's name and address (optional)
City, state, and ZIP code Kendall Park, NJ 08824	
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 Line 1 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.

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

Social security number
or
Employer identification number
22 3672080

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. 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 ▶ <i>Mark A. Palumbo</i>	Date ▶ 06/01/2009
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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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Personnel Committee
Resolution P-15