

COMMUNITY GATEPATH®

DEVELOPMENTAL SERVICES FINANCIAL AGREEMENT Individual Services

CHILD'S NAME: Student 27a

START DATE: 6/11/15

END DATE: 9/30/15

FINANCIAL RESPONSIBILITY

The financial responsibility for payment of services rendered rests with the District. An itemized bill of services will be provided for you at the end of each month.

All fees quoted are for the duration of the contract as stated within.

PAYMENT AND INVOICING:

Community Gatepath will be paid, upon receipt of monthly invoice, and service logs and according to the Service Agreement Form. Invoices are due payable upon receipt. There will be no services provided to district with unpaid invoices over 30 days, due to delinquency of the district. Any payments not received by the twentieth (20) day of the month following the month in which services were rendered for the above will be subject to a 5% penalty upon receipt of service logs. District is responsible for any services scheduled.

INDEMNIFICATION:

District shall indemnify, defend and hold harmless Community Gatepath, its agents, employees, successors and assigns, from and against any and all damages, liabilities, costs and expenses (including attorney fees) arising out of any claim that the District's services or any part thereof has caused injury (including death) or damage to any person, unless such damage or injury resulted from Community Gatepath's willful act or sole negligence.

Thank You.

District Signature: 

(Signature indicates receipt of information)

Date: 8/4/15

INDIVIDUAL SERVICES AGREEMENT FOR NONPUBLIC, NONSECTARIAN AGENCY SERVICES
(Education Code Sections 56365 et seq.)

This agreement is effective on July 1, 2015 or the date student begins receiving services from a nonpublic agency, if after the date identified, and terminates at 5:00 P.M. on June 30, 2016 unless sooner terminated as provided in the Master Contract and by applicable law.

Local Education Agency: San Carlos School District

Nonpublic School/Agency: Community GatePath

LEA Case Manager Name: Mary Jude Doerpinghaus, Assistant Superintendent

Phone Number 650-590-5947

Pupil Name: Student 271

Sex:

Grade:

Address:

City:

State/Zip Code

DC

Residential Setting: (X) Home () Foster () LCI # _____ () OTHER _____

Parent/Guardian:

Phone:

Address _____

City _____

State/Zip _____

(If different from student)

AGREEMENT TERMS:

1. *Related services as specified in the IEP shall be provided by the CONTRACTOR and paid at the rates specified below:*

DESIGNATED INSTRUCTION AND SERVICES / RELATED SERVICES:

SERVICE	Provider				# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/ Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
1. Educational Counseling a. Individual b. Group								
2. Language/Speech Therapy a. Individual b. Group								
3. Occupational Therapy								
4. Adapted Physical Ed.								
5. Orientation and Mobility								
6. Physical Therapy								
7. One to one Aide								
8. Behavior intervention to include:								
9. Supervision to include:								
10. Consultation to include:								
11. FBA Assessment								

SERVICE	Provider				# of Times per wk/mo/yr., Duration; or per IEP.	Cost per session	Maximum Number of Sessions/ Hours	Estimated Maximum Total Cost for Contracted Period
	LE A	NPS	NPA	OTHER Specify				
12. Other: AAC Services					6/11/15-9/30/15 10hrs Total	156.50/hr.	10hrs	\$ 1,565.00
13. Other								

ESTIMATED MAXIMUM RELATED SERVICES COST

C. SPECIALIZED EQUIPMENT/SUPPLIES _____ \$

TOTAL ESTIMATED MAXIMUM RELATED SERVICES
COSTS/SPECIALIZED EQUIPMENT/SUPPLIES

4. Other Provisions/Attachments: _____ \$ 1,565.00

MASTER CONTRACT APPROVED BY THE GOVERNING BOARD ON _____

INDIVIDUAL SERVICES AGREEMENT APPROVED BY CASE MANAGER:

(Signature) _____

The parties hereto have executed this Individual Services Agreement by and through their duly authorized agents or representatives as set forth below.

-CONTRACTOR-

Community GatePath
(Name of Nonpublic School/Agency)

Kathryn Gile 7/31/15
(Signature) (Date)

Kathy Ketchum Director of
(Name and Title) Children's Therapy Services

-DISTRICT-

San Carlos School District
(Name of School District)

[Signature] 8/4/15
(Signature) (Date)

Mary Jude Doeringhaus, Assistant Superintendent
(Name of Superintendent or Authorized Designee)