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State of New Jersey
Department of Human Services
Commission for the Blind and Visually Impaired
REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 8/16/1996

Level of Service: 1 Cost: \$1700.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

"School districts that contract with CBVI would, if not covered by FERPA, be considered Business Associates under HIPAA and required to sign a Business Associates Agreement (BAA) to safeguard protected health information (PHI). The BAA is unnecessary in with school districts that are covered by FERPA."

This Level of Service Agreement and cost will be in effect from September 1, 2011 – June 30, 2012. Cost will be adjusted for students who receive services during part of the academic year.

Either party may terminate this agreement by providing, in writing, their intent to terminate the agreement with a minimum of thirty (30) days notice, and any fees will be adjusted on a prorated basis.

Print/Type Name and Title

Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature

Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
DR. MICHAEL COLUCCI, SUPERVISOR OF EDUCATION SERVICES
NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
1510 HOOPER AVE RM 240
TOMS RIVER, NJ 08753
VOICE: 732-255-0903
FACSIMILE: 732-255-0949
E-MAIL: michael.colucci@dhs.state.nj.us

RECEIVED

SPECIAL SERVICES
DEPARTMENT

State of New Jersey
Department of Human Services
Commission for the Blind and Visually Impaired
REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 10/27/2000

Level of Service: 1 Cost: \$1700.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

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Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
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SPECIAL SERVICES
DEPARTMENT

State of New Jersey
Department of Human Services
Commission for the Blind and Visually Impaired
REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 6/6/1996

Level of Service: 2 Cost: \$4100.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

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Print/Type Name and Title

Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature

Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
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SPECIAL SERVICES
DEPARTMENT

State of New Jersey
Department of Human Services
Commission for the Blind and Visually Impaired
REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 12/7/1992

Level of Service: 1 Cost: \$1700.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

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Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature

Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
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NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
1510 HOOPER AVE RM 240
TOMS RIVER, NJ 08753
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E-MAIL: michael.colucci@dhs.state.nj.us

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RECEIVED

SPECIAL SERVICES
DEPARTMENT

State of New Jersey

Department of Human Services

Commission for the Blind and Visually Impaired

REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 9/1/2000

Level of Service: 1 Cost: \$1700.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

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Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
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NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
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TOMS RIVER, NJ 08753
VOICE: 732-255-0903
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E-MAIL: michael.colucci@dhs.state.nj.us

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ID# 20232908 A.Z.

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SPECIAL SERVICES
DEPARTMENT

State of New Jersey
Department of Human Services
Commission for the Blind and Visually Impaired
REQUEST TO PROVIDE SERVICES CONTRACT
Academic Year: 2011-2012

Resident District: BRICK TOWNSHIP

Student: [REDACTED]

Date of Birth: 5/31/2005

Level of Service: 1 Cost: \$1700.00

The local school district agrees that the student named above is to receive educational services provided by the New Jersey Commission for the Blind and Visually Impaired. Services will be based upon the student's previous assessment, functional vision, educational needs and skill development. Reimbursement shall be in accordance with the Memorandum of Understanding signed by the Department of Human Services and the Department of Education.

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Amelia V. Ricciardi, Education Coordinator
Print/Type Name and Title

Signature Date

Amelia V. Ricciardi 6/7/2011
Signature Date

Please return SIGNED contract to:
EROL URAY, SUPERVISOR OF EDUCATION SERVICES
NEW JERSEY COMMISSION FOR THE BLIND AND VISUALLY IMPAIRED
1510 HOOPER AVE RM 240
TOMS RIVER, NJ 08753
VOICE: 732-262-6225
FACSIMILE: 732-255-0949
E-MAIL: erol.uray@dhs.state.nj.us

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