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282 Cedar Bridge Avenue Suite E
Lakewood, NJ 08701
Tel: 732-987-5021
Fax: 732-987-5022

Agreement for Nursing Services

This agreement is for Student: _____ School: The Education Enrichment Center 107
Hendrickson Avenue Brick, NJ 08724

This agreement is made this 5th day of January 2013, between Starlight Pediatric Homecare Agency, Inc (AGENCY) located at 282 Cedar Bridge Lane Lakewood, NJ 08701 and The Brick Board of Education located at 101 Hendrickson Avenue Brick, NJ 08724. AGENCY and SCHOOL, agree to the terms and conditions as outlined below:

RESPONSIBILITIES of the AGENCY

The following responsibilities shall be assumed by the Agency as follows:

A. Services to be provided by AGENCY:

- RN
- LPN

- B. Acceptance of client for care
- C. Coordination of services
- D. Orientation of nurses
- E. Supervision of services
- F. Evaluation of services
- G. Client admission to AGENCY
- H. Client Assessment (Initial & Ongoing)
- I. Development of care plan
- J. Revision of care plan
- K. Scheduling of hours visits
- L. Completion of documentation of services.

Patient care clinical record forms must be recorded on AGENCY forms

M. Ownership of the original client records

N. AGENCY will maintain the following updated records of the employees

- | | |
|--------------------|-------------------------|
| Current NJ License | Current CPR |
| Rubella | Verification of skills |
| Rubeola | Criminal History Record |
| TB Clearance | Certifications |
| Physical | |

COMPENSATION

A. SCHOOL does not guarantee any minimum number of hours or referrals to AGENCY during the term of this Agreement, but agrees not to cancel any coverage shift by AGENCY unless requested for medical reasons or requested by client/family.

B. AGENCY agrees to supply services under this Agreement at the following rates:

RN	Hourly
LPN	48
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	38
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C. AGENCY shall send SCHOOL an itemized bill each 14 (fourteen) days, along with clinical notes (documentation) detailing the patient's name, date of service, type of service rendered and length of such service

D. AGENCY will bill the SCHOOL only for the hours provided:

E. All Invoices/vouchers/purchase orders for Payment must be submitted separately. All invoices/vouchers/purchase orders properly submitted before the bill cutoff date will be placed for approval on the next regularly scheduled Board of Education Meeting. If the AGENCY does not submit the invoices/vouchers/purchase orders prior to the next regularly scheduled meeting's bill cutoff date, the request for payment of the invoices/vouchers/purchase orders will be placed on the following months regularly scheduled Board of Education meeting.

F. AGENCY will look to SCHOOL as the sole source of payment, pursuant to the rates indicated above.

G. School Year 2012/2013. Financial responsibility will be up to 4 hrs/day x 5/days/week including transportation time.

TERM and TERMINATION

A. This agreement shall be effected as of the day first written above and shall remain in effect for one year.

B. Either party may terminate this Agreement, for any reason, upon sixty days prior written notice.

C. Either party may terminate this Agreement immediately, by giving written notice, upon the occurrence of the following events.

1. Dissolution of either SCHOOL or AGENCY

2. Failure of either SCHOOL or AGENCY maintain the insurance coverage's required hereunder

3. Breach by SCHOOL or AGENCY of any of the material provisions in the Agreement.

D. AGENCY shall maintain at its expense valid policies of general liability, professional liability and worker's compensation insurance covering SCHOOL, its employees and agents. Coverage limits shall be \$1,000,000.00 occurrence with a \$3,000,000.00 umbrella excess policy.

SIGNATURES

Date: _____

Date: _____

BY: _____

BY: _____

Printed Name

Printed Name

Title
Signing with Authority for Starlight Pediatric
Homecare Agency

Title
Signing with Authority for SCHOOL