



**NEW HAVEN PUBLIC SCHOOLS**

**AGREEMENT COVER SHEET**

**CONTRACTOR FULL NAME:** All Pointe Home Care, LLC

**DOING BUSINESS AS, IF APPLICABLE:**

**BUSINESS ADDRESS:** 675 West Johnson Avenue, Cheshire, CT 06410

**BUSINESS PHONE:** 770-840-2454

**BUSINESS EMAIL:** slapointe@allpointecare.com

**SS# OR TAX ID #:**

**PREPARED BY:** Department of Student Services

**PRINCIPAL OR SUPERVISOR:** Typhanie Jackson, Supervisor of Student Services

**AGREEMENT EFFECTIVE DATES:** **From:** 02/08/2021 **To:** 06/30/2021.

**HOURLY/ DAY/or PER SESSION RATE:** \$50.00/per hour for a maximum of 7 hours per day for 70days.

**TOTAL AMOUNT:** \$24,500

**DESCRIPTION OF SERVICE:**

The nurse, while at school and on bus, shall be exclusively responsible for the student's daily nursing care and medical treatment, including but not limited to suctioning as needed, gastrostomy tube feedings as prescribed by physician, and diapering/changing as needed as required by the student's IHCP; provided, however, nothing in this Agreement prevents or precluded any other party from taking actions that such party deems necessary or appropriate in the event of an emergency or otherwise.

In addition, please attach a detailed scope of service and a copy of the Contractor's resume:

Submitted by: Typhanie Jackson Phone: 475-220-1760