

**INDIVIDUAL SERVICE AGREEMENT UNDER THE SONOMA COUNTY SPECIAL EDUCATION  
Memo of Understanding For Sonoma County MENTAL HEALTH SERVICES**

**NAME OF LOCAL EDUCATION AGENCY:** \_\_\_\_\_

**PUPIL'S NAME:** \_\_\_\_\_ **SEX:** ( ) M ( ) F  
(Last) (First) (Middle)

**PUPIL's I.D. #:** \_\_\_\_\_ **BIRTHDATE:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_  
**RESIDENTIAL SETTING:** ( ) HOME ( ) FOSTER ( ) LCI LCI PHONE # \_\_\_\_\_

**PUPIL'S ADDRESS:** \_\_\_\_\_

**PARENT/GUARDIAN'S NAME:** \_\_\_\_\_ **PHONE:** (\_\_\_\_\_) (\_\_\_\_\_) \_\_\_\_\_  
(Residence) (Business)

All terms and conditions of the current Sonoma County Special Education Local Planning Area Master Contract for Nonpublic, Nonsectarian School/Agency Service (NPS/NPA), hereinafter referred to as the "Contract," are incorporated herein by this reference. Contractor will implement the pupil's Individualized Education Program (IEP) in accordance with this Individual Service Agreement and the Contract. Invoices shall be submitted based on actual service provided and attendance standards in the Contract.

**ASSESSMENT AND/OR RELATED SERVICES: ESTIMATE NOT TO EXCEED \$2.61 PER MINUTE**

| Pupil's Name:   | SCHOOL BASED VENDORS (LIFEWORCS, JOURNEY, N.DIRECTIONS)<br>PLUS<br>COUNTY MENTAL HEALTH SERVICE PROVIDED |                    |  |                   | ESTIMATED<br>TOTAL |
|---|--|--------------------|--|-------------------|--------------------|
|   | Service  | MINUTES            | FREQUENCY<br>(TIMES PERWEEK/<br>MONTH/ YEAR) | WK/<br>MONTH/YEAR |                    |
| 1. Initial Assessment <i>CMH only</i>                         |  | 6-10<br>HOURS/YEAR |  | SCHOOL YEAR       |                    |
| 2. Re-Evaluation <i>CMH only</i>                              |  | 4-6<br>HOURS /YEAR |  | SCHOOL YEAR       |                    |
| 3. Individual Student<br>Counseling                           |  |                    |  |                   |                    |
| 4. Group Student Counseling                                   |  |                    |  |                   |                    |
| 5. Parent Counseling  |  |                    |  |                   |                    |
| 6. Day Treatment (Residential)                                |  |                    |  |                   |                    |
| 7. * Case Management SCMH                                     | 60 MINS.   | 1 X MONTH          |  | SCHOOL YEAR       |                    |
| * Vendor - _____  | 60 MINS.   | 1 X MONTH          |  | SCHOOL YEAR       |                    |
| 8. Travel **  |  |                    |  |                   |                    |
| <b>Maximum Services Cost Estimate for 2011-12 School Year</b> |  |                    |  |                   |                    |

\* Case Management is averaged and includes ongoing consultation , plan development and IEP attendance.

\*\* Travel should be estimated based on #3 and #4 services. May also include SCMH travel to IEP meetings.

The parties hereto agree to comply with the terms of the Master Contract and hereby execute this Individual Service Agreement by and through their duly authorized agents or representatives.

**Sonoma County Mental Health**

**Local Educational Agency**

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
(Authorized Signature) (Date)

\_\_\_\_\_  
(Type or Print Name)

\_\_\_\_\_  
(Type or Print Name)

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(Mailing Address)

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(Mailing Address)

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