

Community Counseling Services, Inc.

Serving The People of Crawford County

2458 Stetzer Road • Bucyrus, Ohio 44820

419-562-2000 • FAX 419-562-1296 • TDD 419-468-8211

THOMAS J. SACCENTI, Executive Director

Memorandum of Understanding: Between Community Counseling Services, 2458 Stetzer Rd., Bucyrus, Ohio 44820 and Galion City Schools, 470 Portland Way North, Galion, OH 44833

Agreement Period: Commencing on or about August 21, 2017 and running through June 4, 2018

Scope of Services:

Community Counseling Services will provide the following:

1. Provide a Licensed Counselor or Licensed Social Worker to serve the students of Galion City School District for the purpose of Mental Health Counseling Services
2. Provide written documentation to show the date and time of services provided for billing purposes
3. Follow all Protected Health Information laws. Confidentiality will be assured at all times under this contract

Galion City School District will provide the following:

1. Students who are in need of mental health services (diagnostic assessment and counseling). School personnel will make the initial contact with the referred family
2. Office space for confidentiality of the student
3. Referral information and collateral information in coordinating care for each student
4. Be the liaison between Community Counseling Services, Galion City School District and the child's parent/guardian for the coordination and provision of services
5. Contact Community Counseling Services when school is cancelled (i.e., in service days, snow days, etc.)

Payment: Galion City School District will make payment of \$90.00 per hour for any uncovered time where a student is not available (either due to the school or students choice). Galion City School District will not be responsible for payment of any appointments kept. For all kept appointments, Community Counseling Services will bill the child's funding source (i.e., Insurance, Medicaid, or ADAMH Board).

This contract may be terminated by either party with 30 days written notice.

Galion City School District
Superintendent

Date: _____

Tax ID: _____

Community Counseling Services
Executive Director



Date: 8-7-17

Tax ID: 34-1122071

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