

**Capital District Developmental  
Disabilities Service Office**

**3660233**



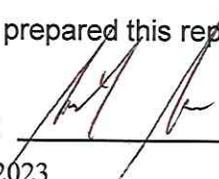
**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO  
 Contract Number: C0SCD00140 Agency Business Unit: 51290  
 Contract Term: 6/1//2018 to 5/31/2023 Agency Department ID: 3660233  
 Contractor Name: Clinical Staffing Resources Corp.  
 Contractor Address: 420 Broadway, 3<sup>rd</sup> Floor, Brooklyn, NY 11211  
 Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case Management

**Scope of Contract (Choose one that best fits):**  
 Analysis     Evaluation     Research     Training  
 Data Processing     Computer Programming     Other IT consulting  
 Engineering     Architect Services     Surveying     Environmental Services  
 Health Services     Mental Health Services  
 Accounting     Auditing     Paralegal     Legal     Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
LPN	6.00	3,443.00	138305.31
RN	1.00	407.00	\$23,475.76
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	7.00	3,850.00	\$161,781.07
<b>Grand Total</b>			

Name of person who prepared this report: N L  
 Title: \_\_\_\_\_ Phone #: 718-669-7373  
 Preparer's Signature:  \_\_\_\_\_  
 Date Prepared: 4/17/2023



FORM B

New York State Consultant Services  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO  
 Contract Number: C0SCD00143 Agency Business Unit: 51290  
 Contract Term: 6/1/2018 to 5/31/2023 Agency Department ID: 3660233  
 Contractor Name: Horizon Healthcare Staffing  
 Contractor Address: 20 Jerusalem Ave., 3<sup>rd</sup> Floor, Hicksville, NY 11801  
 Description of Services Being Provided: Patient Companions, LPNs, RNs, RN Case Management

Scope of Contract (Choose one that best fits):  
 Analysis     Evaluation     Research     Training  
 Data Processing     Computer Programming     Other IT consulting  
 Engineering     Architect Services     Surveying     Environmental Services  
 Health Services     Mental Health Services  
 Accounting     Auditing     Paralegal     Legal     Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Direct Service Workers	0	0	\$0.00
Home Care Aides	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>	0	0	0

Name of person who prepared this report: Nancy Goldstein MARNC  
 Title: Vice president Phone #: 516 326 2020 x1413  
 Preparer's Signature: *Nancy Goldstein MARNC*  
 Date Prepared: 5/15/23



**FORM B**

**New York State Consultant Services  
Contractor's Annual Employment Report**  
Report Period: April 1, 2022 to March 31, 2023

Contracting State Agency Name: NYS OPWDD Capital District DDSOO  
 Contract Number: C0SCD00157 Agency Business Unit: 51290  
 Contract Term: 10/1/2018 to 9/30/2023 Agency Department ID: 3660233  
 Contractor Name: Amalgamated Medical Care Management  
 Contractor Address: 333 Westchester Ave, White Plains, NY 10604  
 Description of Services Being Provided: Telephone Traige Nursing

**Scope of Contract (Choose one that best fits):**  
 Analysis     Evaluation     Research     Training  
 Data Processing     Computer Programming     Other IT consulting  
 Engineering     Architect Services     Surveying     Environmental Services  
 Health Services     Mental Health Services  
 Accounting     Auditing     Paralegal     Legal     Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Employees	27.00	46,280.00	\$11,131.70
Contractors	10.00	7,800.00	\$491.94
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
<b>Total this Page</b>	<b>37.00</b>	<b>54,080.00</b>	<b>\$11,623.64</b>
<b>Grand Total</b>	<b>37.00</b>	<b>54,080</b>	<b>11,623.64</b>

Name of person who prepared this report: Nancy Remy  
 Title: Director, Finance Phone #: 603-328-6612  
 Preparer's Signature:     Nancy Remy      
 Date Prepared: 05/19/2023