

Capital District Developmental  
Disabilities Service Office  
3660233

**FORM B**

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Capital District DDSOO  
 Contract Number: C0SCD00613  
 Agency Business Unit: 51290  
 Agency Department ID: 3660233  
 Contract Term: 6/1/2023 to 5/31/2028  
 Contractor Name: Clinical Staffing Resources Corp.  
 Contractor Address: 420 Broadway, 3rd Floor, Brooklyn, NY 11211  
 Description of Services Being Provided: Patient Companion

**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
	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
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>			

Name of person who prepared this report:

Mindi M. Derry

Title:

VP

Phone #: 718-669-7373

Preparer's Signature:



Date Prepared:

5/31/2025

(Use additional pages, if necessary)

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**FORM B**

**New York State Consultant Services**  
**Contractor's Annual Employment Report**  
 Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Capital District DDSOO Contract  
 Number: C0SCD00614  
 Agency Business Unit: 51290  
 Agency Department ID: 3660233  
 Contract Term: 6/1/2023 to 5/31/2028  
 Contractor Name: Dominion Temp Services Inc.  
 Contractor Address: 718 Walt Whitman Rd., Suite 1413, Melville, NY 11747  
 Description of Services Being Provided: Patient Companion

**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
Companion	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>	0.00	0	\$0.00

Name of person who prepared this report: Margaret Salisu

Title: President

Phone #: 5165245030

Preparer's Signature: Margaret Salisu

Date Prepared: 05/13/2025

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2024 to March 31, 2025

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00615

Agency Business Unit: 51290

Agency Department ID: 3660233

Contract Term: 6/1/2023 to 5/31/2028

Contractor Name: Health Source Group, Inc.

Contractor Address: 25 Newbridge Rd., Suite 312, Hicksville, NY 11801

Description of Services Being Provided: Patient Companion

**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
Patient Companion	2.00	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	2.00	0.00	\$ 0.00
<b>Grand Total</b>	2		

Name of person who prepared this report: Danielle Nelson

Title: Executive Business Administrator

Phone #: 516-605-1310 x 210

Preparer's Signature: 

Date Prepared: 04/03/2025

**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD CAPITAL DDSOO  
 Contract Number: COSCD00618 Agency Business Unit: 51290  
 Contract Term: 06/01/2023 to 05/31/2028 Agency Department ID: 3660233  
 Contractor Name: PRIORITY CARES HOME SERVICE  
 Contractor Address: 36-46 37<sup>TH</sup> ST., LONG ISLAND CITY, NY 11101  
 Description of Services Being Provided: PATIENT COMPANION

**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
PCA	08	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	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>	<b>08</b>	<b>0.00</b>	<b>\$0.00</b>

Name of person who prepared this report:

Title: Program Director

Phone #: 718-400-6166 ext 702

Preparer's Signature: 

Date Prepared: 05/14 /2025

(Use additional pages, if necessary)

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## Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name:	NYS OPWDD CAPITAL DDSOO
Contract Number: COSCD00619	Agency Business Unit: 51290
Contract Term: 06/01/2023 to 05/31/2028	Agency Department ID: 3660233
Contractor Name: UNITED STAFFING	
Contractor Address: 1385 BROADWAY SUITE 1005, NY, NY 10018	
Description of Services Being Provided: PATIENT COMPANION	

- ☐ 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
	4.00	29.2	876.00
	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	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	4.00	0.00	\$ 0.00
<b>Grand Total</b>	4.00	29	876.00



**FORM B**

## New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 24 to March 31, 25

Contracting State Agency Name: NYS OPWDD CAPITAL  
 Contract Number: TOSCD00782 Agency Business Unit: \_\_\_\_\_  
 Contract Term: 08/01/2024 to 07/31/2025 Agency Department ID: \_\_\_\_\_  
 Contractor Name: Elite Pharmacy Consulting Services  
 Contractor Address: 1225 Franklin Avenue suite 325., Garden City, NY 11530  
 Description of Services Being Provided: Medication Reviews

**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
0 <i>Independent Consultant Pharmacist</i>	0.00	0.00	\$0.00
0 <i>med review</i>	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
0	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
<b>Grand Total</b>			9,660.00

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

Preparer's Signature: \_\_\_\_\_

Date Prepared: 05/07/2025