

Central New York  
Developmental Disabilities  
Service Office  
3660234

**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 Central NY DDSOO

Contract Number: C0SCN00557

Agency Business Unit: 51240

Agency Department ID: 3660234

Contract Term: 3/1/2023 to 2/29/2028

Contractor Name: Cedar Park Group, Inc.

Contractor Address: 2 Lawson Ave. Suite 11, East Rockaway, NY 11518

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
NO SALES	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>			

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature: 

Date Prepared: 04/03/2025

## 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 Central NY DDSOO  
 Contract Number: C0SCN00558  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 3/1/2023 to 2/29/2028  
 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: Mandi M. DemasTitle: VPPhone #: 718-469-7373Preparer's Signature: [Signature]Date Prepared: 4/3/25

**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 Central NY DDSOO Contract  
 Number: C0SCN00560  
 Agency Business Unit: 51240  
 Agency Department ID: 3660234  
 Contract Term: 3/1/2023 to 2/29/2028  
 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: 5/13/2025





## 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: CENTRAL N Y DDSOO

Contract Number: COSCN00742

Agency Business Unit: 51240

Contract Term: 11/01/24 to 10/31/29

Agency Department ID: 3660234

Contractor Name: NATIONAL EYE CARE

Contractor Address: 2264 SARANAC AVE LAKE PLACID, NY 12946

Description of Services Being Provided: EYE HEALTH

**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
<i>Optometry</i>	<i>1</i>	<i>104</i>	
	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	\$0.00
Total this Page	<i>1</i>	<i>104</i>	<i>\$26,552.16</i>
Grand Total	<i>1</i>	<i>104</i>	<i>\$26,552.16</i>

Name of person who prepared this report: *Angela Gavin*Title: *Office Manager*Phone #: *518-302-5578*Preparer's Signature: *Angela Gavin*Date Prepared: *05/14/2025*

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(Use additional pages, if necessary)



**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 CENTRAL  
 Contract Number: TOSCN00783 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 Independent Consultant Pharmacist, med review	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
0	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total			23,1600.00

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Phone #: 516-512-8958

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

Date Prepared: 05/07/2025