Taconic Developmental Disabilities Service Office 3660241

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: NYS O Contract Number: C0STA00423 Agency Business Unit: 51250 Agency Department ID: 3660241 Contract Term: 12/1/2021 to 11/30/202 Contractor Name: Cedar Park Group Inc. Contractor Address: 2 Lawson Ave. Suite Description of Services Being Provided:	26 e 11, East Rockaw	ay, NY 11518						
Scope of Contract (Choose one that best	fits):							
□ Analysis □ Evaluation □ Researc	-							
□ Data Processing □ Computer Programming □ Other IT consulting								
□ Engineering □ Architect Services □ Surveying □ Environmental Services								
⊠ Health Services ☐ Mental Health Services								
□ Accounting □ Auditing □ Paralega		Other Consulting						
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract					
PATIENT COMAPNIONS	2	23.5	569.88					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	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 Grand Total	0.00	0.00	\$0.00					

Name of person who prepared this report: SAMANTHA TERLINE

Title: PRESIDENT

Phone #: 5165350613

Preparer's Signature:

Date Prepared: 04/03/2025

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: NYS C	PWDD Taconic D	DSOO Contract Numbe	er:
C0STA00424			
Agency Business Unit: 51250			
Agency Department ID: 3660241			
Contract Term: 12/1/2021 to 11/30/20	026		
Contractor Name: Dominion Temp Servi	ces Inc.		
Contractor Address: 718 Walt Whitman	Rd., Suite 1413, M	elville, NY 11747	
Description of Services Being Provided:	Patient Compani	on	
Scope of Contract (Choose one that best			
Analysis Evaluation Resea		- IT	
Data Processing Computer Progra	• –	r IT consulting	
Engineering Architect Services	Surveying	Environmental Services	i
Health Services Mental Health Se			
Accounting Auditing Parale	egal 🗌 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
Total this Page	0.00	0.00	\$ 0.00
Grand Total	0.00	0	\$0.00

Name of person who prepared this report: Margaret Salisu

Margaret Salisu

Title: President

Phone #: 516-524-5030

Preparer's Signature:

Date Prepared: 05/13/2024

(Use additional pages, if necessary)

Page of

New York State Consultant Services Contractor's Annual Employment Report

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

Contracting State Agency Name: NYS O	PWDD Taconic D	DSOO	
Contract Number: C0STA00425			
Agency Business Unit: 51250			
Agency Department ID: 3660241			
Contract Term: 12/1/2021 to 11/30/20	26		
Contractor Name: Ethan Allen Personnel	l Group, Inc. DBA	Ethan Allen Staffing	
Contractor Address: 59 Academy Street,	Poughkeepsie, N	Y 12601	
Description of Services Being Provided:	Patient Companio	n	
Scope of Contract (Choose one that best	·		
Analysis Evaluation Resear			
Data Processing Computer Progra	-	r IT consulting	
Engineering Architect Services	Surveying	Environmental Services	
Health Services	vices		
Accounting Auditing Parale	gal 🗌 Legal	Other Consulting	
	Number of	Number of	
			Amount Payable
Employment Category	Employees	Hours Worked	Under the Contract
Direct Care	5.00	Hours Worked 543.00	Under the Contract 11655.14
	5.00 0.00	Hours Worked 543.00 0.00	Under the Contract 11655.14 \$0.00
	5.00 0.00 0.00	Hours Worked 543.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00
	5.00 0.00	Hours Worked 543.00 0.00	Under the Contract 11655.14 \$0.00
	5.00 0.00 0.00	Hours Worked 543.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00
	5.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00
	5.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Hours Worked 543.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00	Under the Contract 11655.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00

Name of person who prepared this report: David Appel

Title: Payroll Administrator

Preparer's Signature: David Appel Date Prepared: 04/11/2025

(Use additional pages, if necessary)

Phone #: 845-471-9667

Contractor's	Annual Em	ultant Services ployment Rep to March 31, 25	ort					
Contracting State Agency Name: Contract Number: COSTA00429 Contract Term: 12/01/2021 to 11/ Contractor Name: UNITED STAFFIN Contractor Address: 1385 BROADW Description of Services Being Provid	/30/2026 NG /AY SUITE 1005,							
 □ Data Processing □ Computer Pr □ Engineering □ Architect Services ○ Mental Health 	esearch							
Number of 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					
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	0.00	0.00	\$0.00					
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1	0.00		#0.00 l					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00 0.00	0.00 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 0.00	\$0.00 \$0.00					

Name of person who prepared this report:

Title: Tracey Fox, VP Operations Preparer's Signature: __________ Date Prepared: 05/20/2025

Phone #: 212.743.0238

(Use additional pages, if necessary)

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	TACONIC DDSOO						
Contract Number: COSTA00426 Agency Business Unit: 51250								
Contract Term: 12/01/2021 to 11/30/2026 Agency Department ID: 3660241								
Contractor Name: TRI BOROUGH HOME CARE DBA FAMILY PEDIATRIC HOME								
Contractor Address: 120 KISCO AVE. SUITE E, MT. KISCO,NY 10529								
Description of Services Being Provided: PATIENT COMPANION								
Scope of Contract (Choose one that b								
_ /		ining						
Data Processing Computer Processing	• •	Other IT consulting						
	_ , ;	Environmental	Services					
Health Services Mental Health								
Accounting Auditing Paralegal Legal Other Consulting								
Number of Number of Amount Payable								
Employment Category Employees Hours Worked Under the Contrac								
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00 \$0.00					
	0.00	0.00	\$0.00					
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	0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00					
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	0.00 0.00 0.00 0.00 0.00 0.00	0.00 0.00 0.00 0.00 0.00 0.00	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					
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	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					
	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$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 0.00 0.00 0.00 0.00 0.0	0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.0	\$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00					

Name of person who prepared this report:

Phone #: 516 -933 -6485 Title: Preparer's Signature: Chantale Michel Date Prepared: 51/61 25 CHANTALE MICHEL, RN

(Use additional pages, if necessary)

Contractor's	Annual Em	ultant Services ployment Rep to March 31, 25	ort					
Contracting State Agency Name: Contract Number: COSTA00429 Contract Term: 12/01/2021 to 11/ Contractor Name: UNITED STAFFIN Contractor Address: 1385 BROADW Description of Services Being Provid	/30/2026 NG /AY SUITE 1005,							
 □ Data Processing □ Computer Pr □ Engineering □ Architect Services ○ Mental Health 	esearch							
Number of 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					
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	0.00	0.00	\$0.00					
0.00 0.00 \$0.00								
1	0.00		#0.00					
	0.00	0.00	\$0.00					
	0.00	0.00	\$0.00					
	0.00 0.00	0.00 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 0.00	\$0.00 \$0.00					

Name of person who prepared this report:

Title: Tracey Fox, VP Operations Preparer's Signature: __________ Date Prepared: 05/20/2025

Phone #: 212.743.0238

(Use additional pages, if necessary)

New	Y	0	rk	St	at	e C	ons	31	ılt	ar	nt	S	e	rv	/i	ces	
Contrac	cto	or'	S	Ar	n	ua	En	n	pl	0	yı	m	e	nt		Rep	orl
		-			-		 -							-			

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

Contract	ing State Agency Name: NY	S OPWDD TAC	ONIC						
Contract	ontract Number: TOSTA00790 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									
	Contract (Choose one that b sis Evaluation Res		ining						
	rocessing Computer Pro		Other IT consulting						
	0 - 1		•	Somiooo					
	Services Mental Health			Services					
			al M Other Consult	ting					
Accou	Accounting Auditing Paralegal Legal Other Consulting								
Number of Number of Amount Payable Employment Category Employees Hours Worked Under the Contract									
OIndependent consultant Pharmacit med review 0.00 0.00 \$0.00									
0	0.00 0.00 \$0.00								
0	0.00 0.00 \$0.								
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 \$5,000.00								

Name of person who prepared this report: Rita Amigdalos

Title: President/CEO

Preparer's Signature:

Date Prepared: 05/07/2025

Phone #: 516-512-8958

(Use additional pages, if necessary)

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