

Taconic Developmental  
Disabilities Service Office  
3660241

**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 Taconic DDSOO

Contract Number: COSTA00423

Agency Business Unit: 51250

Agency Department ID: 3660241

Contract Term: 12/1/2021 to 11/30/2026

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
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
	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>	2	23.5	569.88

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 Taconic DDSOO Contract Number:  
 COSTA00424  
 Agency Business Unit: 51250  
 Agency Department ID: 3660241  
 Contract Term: 12/1/2021 to 11/30/2026  
 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 #: 516-524-5030

Preparer's Signature: Margaret Salisu

Date Prepared: 05/13/2024

**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 Taconic DDSOO  
 Contract Number: C0STA00425  
 Agency Business Unit: 51250  
 Agency Department ID: 3660241  
 Contract Term: 12/1/2021 to 11/30/2026  
 Contractor Name: Ethan Allen Personnel Group, Inc. DBA Ethan Allen Staffing  
 Contractor Address: 59 Academy Street, Poughkeepsie, NY 12601  
 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
Direct Care	5.00	543.00	11655.14
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	5.00	543.00	11655.14
<b>Grand Total</b>	5.00	543	11655.14

Name of person who prepared this report: David Appel

Title: Payroll Administrator

Phone #: 845-471-9667

Preparer's Signature: David Appel

Date Prepared: 04/11/2025



**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 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 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
	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:

Title:

Preparer's Signature:

*Chantale Michel*

Phone #:

*516-933-6485*

Date Prepared:

*5/6/25*

CHANTALE MICHEL, RN

(Use additional pages, if necessary)

Page of





**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 TACONIC

Contract 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

**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
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

Phone #: 516-512-8958

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

Date Prepared: 05/07/2025

(Use additional pages, if necessary)