Hudson Valley Developmental Disabilities Service Office

3660236

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Hudson Valley DDSOO
Contract Number: C0SHV00571 Agency Business Unit: 51210
Contract Term: 05/01/2023 to 04/30/2028 Agency Department ID: 3660236
Contractor Name: United Staffing Solutions, Inc.
Contractor Address: 1385 Broadway, Suite 1005, New York, NY 10018
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
	11.00	324.98	$11,216.40
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	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	11.00	324.98	$11,216.40
Grand Total	11.00	324	$11,216.40

Name of person who prepared this report: tracey fox
Title: vp operations Phone #: 212.743.0238
Preparer's Signature: Tracey Fox
Date Prepared: 4/8/2026

(Use additional pages, if necessary) Page of

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

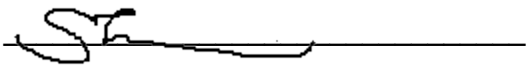
Contracting State Agency Name: OPWDD - Hudson Valley DDSOO
Contract Number: C0SHV00573 Agency Business Unit: 51210
Contract Term: 05/01/2023 to 04/30/2028 Agency Department ID: 3660236
Contractor Name: Cedar Park Group Inc.

Contractor Address: 2 Lawson Avenue, 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 COMPANION	2	23.00	736
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	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	736
Grand Total	2	23	736

Name of person who prepared this report: SAMANTHA TERLINE
Title: PRESIDENT Phone #: 5165597002
Preparer's Signature: 
Date Prepared: 5/7/26

AC 3272-S (Effective 4/12)

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Hudson Valley DDSOO
Contract Number: C0SHV00574 Agency Business Unit: 51210
Contract Term: 05/01/2023 to 04/30/2028 Agency Department ID: 3660236
Contractor Name: Horizon Health Care Staffing Corp.
Contractor Address: 20 Jerusalem Avenue, 3rd Floor, 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	28 0.00	0.00	165163.00 $0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	0.00	0.00	$0.00
	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	28	4716.25	165163.08

Name of person who prepared this report: Nancy Goldstein MA ENL
Title: Vice President Phone #: 5163262020 x413
Preparer's Signature: Nancy Goldstein
Date Prepared: 4/7/26

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