# Capital District Developmental Disabilities Service Office 3660233

#### **FORM B**

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

Report Period: April 1, 2023 to March 31, 2024

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

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Scope of Contract (Choose one that best f	·		
☐ Analysis ☐ Evaluation ☐ Resear	ch  Training		
☐ Data Processing ☐ Computer Progra	mming	r IT consulting	
☐ Engineering ☐ Architect Services	☐ Surveying ☐	☐ Environmental Services	
	vices		
☐ Accounting ☐ Auditing ☐ Paraleg	gal 🗌 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
Total this Page	2.00	0.00	\$ 0.00
Grand Total	2		

Name of person who prepared this report: Danielle Nelson	
Title: Executive Business Administrator	Phone #: 516-605-1310
Preparer's Signature:	
Date Prepared: 05/14/2024	
(Use additional pages, if necessary)	Page

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#### FORM B

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

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00618 Agency Business Unit: 51290 Agency Department ID: 3660233

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

Contractor Name: Priority Care Home Services LLC DBA Priority Cleans

Contractor Address: 36-46 37th St., Long Island City, NY 11101 Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best to	fits):		
☐ Analysis ☐ Evaluation ☐ Resear	ch Training		
☐ Data Processing ☐ Computer Progra	mming	r IT consulting	
☐ Engineering ☐ Architect Services	Surveying	☐ Environmental Services	
	vices		
☐ Accounting ☐ Auditing ☐ Paraleg	gal 🗌 Legal	Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Patient Companion Services	1.00	48.00	\$2,340.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	1.00	48.00	\$2,340.00
Grand Total	1.00	48.00	\$2,340.00

Name of person who	prepared this	report: Ezeki	el Segun Olaniyi

Title: Owner & CEO Preparer's Signature:

Date Prepared: 5/17/2024

Phone #: (347) 985-3863

#### FORM B

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

Report Period: April 1, 2023 to March 31, 2024

Contracting State Agency Name: NYS OPWDD Capital District DDSOO

Contract Number: C0SCD00619 Agency Business Unit: 51290 Agency Department ID: 3660233

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

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			
☐ Analysis ☐ Evaluation ☐ Resear	ch Training		
☐ Data Processing ☐ Computer Progra	mming	r IT consulting	
☐ Engineering ☐ Architect Services	☐ Surveying [	☐ Environmental Services	
	vices		
☐ Accounting ☐ Auditing ☐ Parale	gal 🗌 Legal	☐ Other Consulting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Sitter	6.00	114.00	\$3,540
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	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	6.00	114.00	\$ 0.00
Grand Total			\$3,540

Name of persor	n who pre	epare¢ this	report:	Iliany	Henriq	uez
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Title: VP/Behavioral Health

Preparer's Signature:

Date Prepared: 05/14/2024

Phone #: 212-743-0315