



DISTRICT SCHOOL BOARD OF PASCO COUNTY

Kurt S. Browning, Superintendent of Schools

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638

Department of Purchasing
Michael J. Woodall, CPPO, Purchasing Agent
813/794-2221 Fax: 813/794-2111
727/774-2221 TDD: 813/794-2484
352/524-2221 email: mwoodall@pasco.k12.fl.us

January 22, 2013

MEMORANDUM

TO: Honorable School Board Members

FROM: Michael J. Woodall, CPPO, Purchasing Agent *MJW*

RE: Interagency Agreement Between
Hernando Pasco Hospice

The attached interagency agreement between the above-referenced facility as a local provider of social services. Please reference the attached memo from Ms. Lizette Alexander, Director of Student Services, for further information.

At this time, we respectfully request your approval to enter into the attached interagency agreement with the above-referenced facility. The services and training are outlined in the agreement and are attached for your perusal. The interagency agreement will cover the period of January 22, 2013 through June 30, 2013. The agreement has been reviewed and approved by The School District's Attorney, Nancy McClain Alfonso on 10/30/12.

Should you have any questions regarding this matter, please contact me at your earliest convenience.

MJW/dam

Attachments

Date/Time: January 15, 2013 09:27:00



District School Board of Pasco County

7227 Land O' Lakes Boulevard • Land O' Lakes, Florida 34638 • 813/794-2000

Heather Fiorentino, Superintendent

www.pasco.k12.fl.us

Student Services Department
David H. Chamberlin, Supervisor
813/794-2442 Fax: 813/794-2120
727/774-2442 TDD: 813/794-2484
352/524-2442

MEMORANDUM

SS 034A 12/13

Date: December 21, 2012
To: Mike Woodall, CPPB, Purchasing Agent
From: David Chamberlin, Supervisor of Student Services (Social Work) *[Signature]*
Lizette Alexander, Director of Student Services *[Signature]*
Subject: Hernando Pasco Hospice Interagency Agreement

Please find the following interagency agreement with a local provider of social services:

Hernando Pasco Hospice

At this time, we respectfully request that The Board approve the above-referenced agreements.

Thank you

DHC/es



RECEIVED

*1/7/13 Done
Revised*

AGREEMENT FOR SERVICES AND MUTUAL COOPERATION

This agreement made and entered into this 22nd day of January 2012 by and between **HPH HOSPICE, INC.**, herein referred to as "**HPH HOSPICE**" and the **PASCO COUNTY SCHOOL BOARD**, hereinafter referred to as the "**SCHOOL BOARD**".

WITNESSETH:

WHEREAS, HPH HOSPICE has the staff and facilities necessary for providing certain individual and group counseling services in Pasco County, and

WHEREAS, the school system for which the **SCHOOL BOARD** is responsible requires such services from time to time, and

WHEREAS, there is a need for cooperation and sharing of services and resources between **HPH HOSPICE** and the **SCHOOL BOARD**.

NOW THEREFORE, in consideration of the premises and the mutual covenants contained in this agreement, it is agreed by and between the parties that:

This agreement shall take effect and be in force from date of execution of the final party to execute until June 30, 2013.

During the term of the agreement, the supervisory/administrative staff of the two agencies will communicate and cooperate on matters of mutual concern.

During the term of this agreement **HPH HOSPICE** shall provide counseling services to students and their families as requested by the **SCHOOL BOARD** and as deemed appropriate for the scope of services which **HPH_HOSPICE** provides as determined by the service provider.

The **SCHOOL BOARD** shall provide appropriate referral information on all cases referred to **HPH HOSPICE**.

HPH HOSPICE shall submit statistical reports to the **SCHOOL BOARD** on services delivered when requested by the Supervisor of Student Services.

HPH HOSPICE agrees to continue to provide Children Assistance Program (CAP) counselors to the schools. These counselors will provide grief-counseling services to children and their families. As deemed appropriate for the scope of services which **HPH HOSPICE** provides as determined by the service provider the CAP counselors may provide individual and/or group counseling services. The identification and referral of students will be based on referral criteria agreed upon by **HPH HOSPICE** and the Department Student Services staff of the **SCHOOL BOARD**.

Per Florida Statute 1012.32, the agency acknowledges that a Level 2 fingerprint screening is required of any individual who has direct contact with students while delivering services under the provision of this agreement. The agency will

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COPIES REVIEWED
AND APPROVED:
M.W. 1-7-13

HERNDO PASCO HOSPICE, INC.

provide the names of specific employees who will provide services through direct contact with students and will cooperate with the School Board in meeting the requirements of the referenced statute.

HOLD HARMLESS:

Each of the parties to this Agreement hereby agrees to indemnify and hold the other party hereto harmless from and against all damages of any nature whatsoever which are caused or materially contributed to by the negligent acts of any officer, employee, and agent or other representative of the indemnifying party and which are not caused or materially contributed to by any officer, employee, agent or other representative of the indemnified party.

Either party upon thirty (30) days written notice may terminate this agreement.

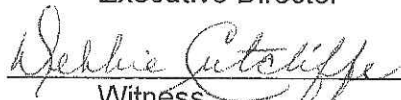
**DISTRICT SCHOOL BOARD
OF PASCO COUNTY**


HPH HOSPICE, INC.

BY: _____
Superintendent

BY:  Thomas Burks CEO
Executive Director

BY: _____
Witness- Board Chair

BY: 
Witness

 1.7.13
Signature Date
Michael J. Woodall, CPPO, Purchasing Agent
District School Board of Pasco County