

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

Name of Requestor: Sandy Fielding Date: _____

Department/Service Area: School Safety

Site: KPC

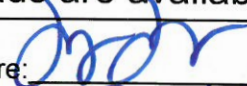
VENDOR NAME AND ADDRESS	CPR Institute of Indiana 111 David Lane Indianapolis, Indiana 46227
PHONE # OF VENDOR	317-610-0277

FUNDING GUIDELINES: (# on back of form)	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
<i>Sample: 1a</i>	<i>Contract Nurse to administer immunizations</i>	<i>1</i>	<i>100.00</i>	<i>100.00</i>
<i>Sample: 1f</i>	<i>Ice Machines for Health Office</i>	<i>3</i>	<i>50.00</i>	<i>150.00</i>
1F	HeartStart Onsite Adult Pads for AED Machine	40	50.00	2000.00
			Subtotal	
		Tax	8.75%	175.00
			Shipping	
	TOTAL			\$2,175.00

Are other local/site funding resources available? If yes, please describe: _____

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Placing an additional set of AED pads with each AED machine will ensure that if machine is needed, a back up set of pads are available.

Requested by (print name): Sandy Fielding Signature: 

Approved by (print name): CHAD FREEMAN Signature: 



CPR Institute of Indiana
111 David Ln
Indianapolis, IN 46227
(317) 610-0277
support@cprinstitute.com
cprinstitute.com

ADDRESS

Alvord Unified School District.
9 KPC Parkway, Corona, CA
92879
Attn Julie Bostrom

SHIP TO

Alvord Unified School District.
9 KPC Parkway, Corona, CA
92879
Attn Julie Bostrom

Estimate 1171

DATE 08/01/2022

DATE	ACTIVITY	QTY	RATE	AMOUNT
08/01/2022	HeartStart Onsite Adult Pads HeartStart OnSite Adult SMART Pads Cartridge, HS1	40	50.00	2,000.00

TOTAL \$2,000.00

Accepted By

Accepted Date

PLEASE NOTE CHANGES TO ADDRESS

Please remit payment to:
CPR Institute of Indiana
111 David Lane
Indianapolis, IN 46227

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

Name of Requestor: Sandy Fielding Date: _____

Department/Service Area: Office of School Safety

Site: KPC

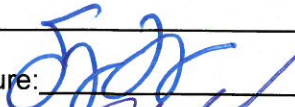
VENDOR NAME AND ADDRESS	School Health Corporation 5600 Apollo Drive Rolling Meadows, Illinois 60008
PHONE # OF VENDOR	866-323-5465

FUNDING GUIDELINES: (# on back of form)	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
<i>Sample: 1a</i>	<i>Contract Nurse to administer immunizations</i>	<i>1</i>	<i>100.00</i>	<i>100.00</i>
<i>Sample: 1f</i>	<i>Ice Machines for Health Office</i>	<i>3</i>	<i>50.00</i>	<i>150.00</i>
1F	AED PREP KIT: <small>Gloves, Scissors, Razor, Absorbant Towel, Bio-Hazard Bag, Antiseptic Wipes</small>	45	9.64	433.80
			Subtotal	\$433.80
		Tax	8.75%	\$ 37.96
			Shipping	
	TOTAL			\$471.76

Are other local/site funding resources available? If yes, please describe: _____

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Automatic External Defibrillators require prep for use. AED's did not include prep kits.

Requested by (print name): Sandy Fielding Signature: 

Approved by (print name): CHAD FREEMAN Signature: 



SCHOOL HEALTH

School Health Corporation
 5600 Apollo Drive
 Rolling Meadows, Illinois 60008
 P(866)323-5465 | F(800)235-1305
 schoolhealth.com

QUOTE

EXPIRATION DATE		QUOTE NO.
10/16/22		4099440-00
DATE	P.O. #	PAGE #
08/17/22	JBOSTROM081722	1

Attn: JULIE BOSTROM
 Ship To:
 ALVORD UNIFIED SCHOOL DISTRICT
 9 KPC PKWY
 CORONA, CA 92879-7102

Bill To:
 ALVORD UNIFIED SCHOOL DISTRICT
 9 KPC PKWY
 CORONA, CA 92879-7102

QUOTE PREPARED BY	PHONE	EMAIL
Genio Hyppolite		GHyppolite@schoolhealth.com

INSTRUCTIONS	SHIP POINT	VIA	SHIPPED	TERMS
	SCHOOL HEALTH	UPS GROUND		NET 30

LN	PRODUCT AND DESCRIPTION	QUANTITY ORDERED	QTY. UM	UNIT PRICE	PRICE UM	DISCOUNT MULTIPLIER	AMOUNT (NET)
1	54108 PICK AED PREP PAK KIT	45	KIT	9.64	KIT	0.00	433.80

Items stocked in our warehouse usually ship within 24 hours. Items above may be indicated as ****Shipping Direct From Manufacturer****. Delivery times for items ****Shipping Direct From Manufacturer**** vary. For specific delivery time, call customer care at 866-323-5465.

1 Lines Total	Sub Total	433.80
	Taxes	37.96
	Invoice Total	471.76

Tax ID Number: 36-2425385

To receive an email with tracking information when your order has shipped, please provide your email address when placing your order. Help us also reduce paper usage and become more eco-friendly by providing your email address to send your invoices and order confirmations electronically. Thank you, for the opportunity to work with you and if you have any questions, please contact our Customer Care Department @ 866 323 - 5465.



Product Description

Ideal for school emergency response programs, this AED/CPR prep kit provides you with protection from contaminants during a rescue. All components are single-use, latex-free, and disposable.

School Health Corporation > \$10.69

Item
54108

**Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form**

Name of Requestor: Jennifer McCoy Date: 8/31/22

Department/Service Area: Speech Department

Site: Varied (see additional attachment for list of SLPs)

VENDOR NAME AND ADDRESS	Continued.com LLC PO Box 734836 Dallas, TX 75373
PHONE # OF VENDOR	

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED <small>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) <i>Please stay within Funding Guidelines on page 2</i></small>	QTY <small>(each, hourly, etc)</small>	AMOUNT	TOTAL AMOUNT
5	One Year Subscription to speechpathology.com	17	\$89.00	\$1,513.00
			Subtotal	\$1,513.00
		Tax	8.75%	
			Shipping	
	TOTAL			\$1,513.00

Are other local/site funding resources available? If yes, please describe: _____

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

Case Management Services-speechpathology.com is an online website that provides SLPs the opportunity to acquire Continuing Education Units (CEUs) on a wide variety of topics related to our field. A subscription to this website allows our district SLPs to gain more knowledge in evidenced based practice and new information in the field of speech-language pathology. In order to bill for LEA covered speech services, SLPs must have their license and access to this website will help SLPs maintain their licensure by having access to CEUS.

Requested by (print name): Jennifer McCoy Signature: Jennifer McCoy

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:

Budget Code:



Alvord Unified School District - 17 SP

Alvord Unified School District

9 KPC Parkway
Corona, CA 92879
USA

Jennifer McCoy

jennifer.mccoy@alvordschools.org
951-358-1645

Reference: 20220906-110743185
Quote created: September 6, 2022
Quote expires: December 5, 2022



Continued.com LLC

P.O. BOX 734836

Dallas, TX 75373
US

Prepared by: Heather Robertson
Senior Account Manager
heather.robertson@continued.com

Total **\$1,513.00**

PRODUCTS & SERVICES	SKU	QUANTITY	BILLING FREQUENCY	PRICE
SP CE School Membership - \$89		17		\$1,513.00 for 1 year
SUBTOTALS				
One-time subtotal				\$1,513.00

Total	\$1,513.00
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Comments

To ensure you are making an informed decision regarding your purchase, I encourage you to peruse our library to ensure it contains courses beneficial to your patient population, work setting, and any local or district certification requirements. Please do not hesitate to contact me should you need additional information.

Please follow these instructions for submitting a purchase order for CE memberships:

- Purchase orders for all [Continued](#) family sites can be made out to **Continued**. Continued family sites include [continued.com](#) (where [Early Childhood Education](#), [Respiratory Therapy](#), and [Social Work](#) are housed) as well as [AudiologyOnline](#), [OccupationalTherapy.com](#), [PhysicalTherapy.com](#), and [SpeechPathology.com](#).
- If you are tax-exempt, please email your tax-exempt form to salestax@continued.com
- List the names, email addresses, and disciplines (e.g., SLP, OT, PT, SW, AO, RT or ECE) of the participants we will be registering for CE memberships. (Note: CE memberships are not transferable.)
- Send the PO to attention Heather Robertson via fax [210-568-2154](tel:210-568-2154) or email (purchaseorder@continued.com).
- Include the name and **email address** of the contact at your organization to whom we should email the invoice. (NOTE: our payment terms are *net 15 days*.)
- Checks should be made payable to Continued. Our remit to address is: PO Box 734836, Dallas, TX 75373-4836

Purchase terms

Alvord Unified School District LEA Medi-Cal Billing Funds Request Form

Name of Requestor: Ashley Cobb Date: 9/16/2022
 Department/Service Area: Fiscal Services-Support LEA BOP and Medi-Cal Billing
 Site: Fiscal Services

VENDOR NAME AND ADDRESS	
PHONE # OF VENDOR	

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED <small>(Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2</small>	QTY <small>(each, hourly, etc)</small>	AMOUNT	TOTAL AMOUNT
	Assistant to the Director, Fiscal Services	Annual	25% of total salary	
			Subtotal	
		Tax	8.75%	
			Shipping	
	TOTAL			

Are other local/site funding resources available? If yes, please describe: _____

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.
This position administers the SMAA and LEA BOP programs for the District. These programs require a significant amount of clerical time.

This expense was originally approved in 2021-2022.

Requested by (print name): Ashley Cobb Signature: 

Approved by (print name): Anthony Warnecke Signature: 

Budget Code:

Budget Code:

Alvord Unified School District
LEA Medi-Cal Billing Funds Request Form

Name of Requestor: Ximena Talavera Date: 9/14/2022
Department/Service Area: Speech Department
Site: Various(see attached document for details)

VENDOR NAME AND ADDRESS	SLP NOW 10810 N Tatum Blvd, Suite 102860 Pheonix, AZ 85028
PHONE # OF VENDOR	(480) 808-0757

FUNDING GUIDELINES:	DESCRIPTION OF ITEMS REQUESTED (Attach vendor quote for items requested, website print out or any additional information that will assist in the decision making process) Please stay within Funding Guidelines on page 2	QTY (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
SLP	Now Subscription. Valid for 1 year from the date of purchase	15	199	2,985
			Subtotal	0
		Tax	8.75%	
			Shipping	0
		TOTAL		\$2,985

Are other local/site funding resources available? If yes, please describe: No

Describe how the materials and/or services requested are supplemental to school Special Education/Health programs. Please reference the specific guidelines the proposal supports.

The SLPnow subscription provides materials and resources that assist in lesson planning for groups and allows SLPs to save data collection. The materials provided with the subscription are categorized by seasonal materials, themes, skills, category and grade level. Making caseload up and therapy planning simple. The lesson plans and materials will assist our students in meeting their yearly speech goals. By providing a variety of material options we can observe and take data in a more functional and appropriate way. Our SLPs will cut down on lesson planning time which will allow us to service our sites in other ways such as evaluating, screening observing, etc.

Requested by (print name): Ximena Talavera Signature: Ximena Talavera

Approved by (print name): Michelle Sebastian Signature: Michelle Sebastian

Budget Code:
Budget Code:

SLP	School	Email address
Satheesh K Dhupakalasham	Villegas Middle School	satheesh.dhupakalasham@alvordschools.org
Ximena Talavera	RMK	ximena.talavera@alvordschools.org
Mitch Trubio	Loma Vista	michelle.trubio@alvordschools.org
Dotie Blase	Orrenmaa	mary.blase@alvordschools.org
Gowri Arakere	Norte Vista/ Myra Linn	gowri.arakere@alvordschools.org
Joi Richardson	La Sierra	joi.richardson@alvordschools.org
Arlene Rodriguez	Twinhill	arlene.rodriguez@alvordschools.org
Hilary Ness	La Granada	hilary.ness@alvordschools.org
Solomonraj Kathramalla	Arizona	solomonraj.kathramalla@alvordschools.org
Marisol Rios	Valley View	Marisol.rios@alvordschools.org
Saghi Samadani	Hillcrest	saghi.samadani@alovrdschools.org
Samantha De La Cruz	Arlanza/ Foothill	samantha.delacruz@alvordschools.org
Jessica Hernandez	Myra Linn	jessica.hernandez@alvordschools.org
Celine Monninger	Collett, Promenade, Stokoe	celine.monninger@alvordschools.org
Dede (Drusilla) Bowman	Lake Hills, Collett	drusilla.bowman@alvordschools.org



To: Alvord Unified School District

From: SLP Now®
221 E Indianola Ave
Phoenix, AZ 85012
USA

To whom it may concern:

Thank you for your interest in the SLP Now Membership!

See quote details below.

Description	Quantity	Unit Price	Total USD
<i>Yearly SLP Now Membership Includes access to the online SLP Now membership (slpnow.com) for one year.</i>	15 licenses	\$249 \$199	\$2,985

Best,

Marisha Mets
Founder of SLP Now®

E-Mail: hello@slpnow.com
Phone: 480-808-0757