

### 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)

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

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 (each, hourly, etc)	AMOUNT	TOTAL AMOUNT
5	One Year Subscription to speechpathology.com	17	\$89.00	\$1,513.00
			Subtotal	\$1,513.00
			Tax	8.75%
			Shipping	
	<b>TOTAL</b>			<b>\$1,513.00</b>

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:

Revised: April 1, 2022

86-750-9140-0-0000-3150-4318

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

Name of Requestor: Sandy Fielding Date: \_\_\_\_\_

Department/Service Area: School Safety

Site: KPC

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


<b>FUNDING GUIDELINES: (# on back of form)</b>	<b>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</b>	<b>QTY (each, hourly, etc)</b>	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
<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	
	<b>TOTAL</b>			<b>\$2,175.00</b>

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: 

**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

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


<b>FUNDING GUIDELINES:</b> (# on back of form)	<b>DESCRIPTION OF ITEMS REQUESTED</b> (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>	<b>QTY</b> (each, hourly, etc)	<b>AMOUNT</b>	<b>TOTAL AMOUNT</b>
<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>
<b>1F</b>	<b>AED PREP KIT:</b>	<b>45</b>	<b>9.64</b>	<b>433.80</b>
	<small>Gloves, Scissors, Razor, Absorbant Towel, Bio-Hazard Bag, Antiseptic Wipes</small>			
			<b>Subtotal</b>	<b>\$433.80</b>
		<b>Tax</b>	<b>8.75%</b>	<b>\$ 37.96</b>
			<b>Shipping</b>	
	<b>TOTAL</b>			<b>\$471.76</b>

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: 

06-515-9140-0-8300-4300

