



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT COVER SHEET

CONTRACTOR FULL NAME: All Pointe Home Care, LLC

DOING BUSINESS AS, IF APPLICABLE:

BUSINESS ADDRESS: 675 West Johnson Avenue, Cheshire, CT 06410

BUSINESS PHONE: 203-250-1900

BUSINESS EMAIL: slapointe@allpointecare.com

SS# OR TAX ID #: 27-1954465

PREPARED BY: Department of Student Services

PRINCIPAL OR SUPERVISOR: Typhanie Jackson, Supervisor of Student Services

AGREEMENT EFFECTIVE DATES: **From:** 07/05/2022 **To:** 06/30/2023.

HOURLY/ DAY/or PER SESSION RATE: \$55.00/per hour for a maximum of 8 hours per day for 182 days for 2 students (\$160,160) and ESY summer program \$55.00 per hour for 5 hours per day for 19 days (\$5,225)

TOTAL AMOUNT: \$165,385

DESCRIPTION OF SERVICE:

The nurse, while at school and on bus, shall be exclusively responsible for the student's daily nursing care and medical treatment, including but not limited to suctioning as needed, gastrostomy tube feedings as prescribed by physician, and diapering/changing as needed as required by the student's IHCP; provided, however, nothing in this Agreement prevents or precluded any other party from taking actions that such party deems necessary or appropriate in the event of an emergency or otherwise.

In addition, please attach a detailed scope of service and a copy of the Contractor's resume:

Submitted by: Typhanie Jackson Phone: 475-220-1760



NEW HAVEN PUBLIC SCHOOLS

Memorandum

To: New Haven Board of Education Finance and Operations Committee
From: Typhanie Jackson, Director of Special Education/Student Services
Date: June 14, 2022
Re: Contract All Pointe Home Care, LLC

Please ***answer all questions and attach any required documentation as indicated below***. Please have someone **ready to discuss** the details of each question during the Finance & Operations meeting or this proposal might not be advanced for consideration by the full Board of Education.

1. **Contractor Name:** All Point Home Care, LLC
2. **Description of Service:**

The nurses, while on/off, to/from school and at school with student, shall be exclusively responsible for the students' daily nursing care and medical treatment, including but not limited to suctioning as needed, gastrostomy tube feedings as prescribed by physician, and diapering/changing as needed as required by the student's IHCP.
3. **Amount** of Agreement and hourly or session cost: \$160,160/\$55.00 per hour for 8 hours a day for 182 days for 2 students and summer ESY program \$5,225/\$55.00 per hour for 5 hours per day for 19 days for 1 student. (Totaling \$165,385)
4. **Funding Source** and account number: IDEA Handicapped Special Funds Account, account # 2504-5034-56903-0000, Location Code: 0490 (*pending receipt of funds*)
5. **Continuation/renewal or new Agreement?**

Answer all questions:

 - a. If continuation/renewal, has the cost increased? If yes, by how much? Renewal/no increase
 - b. What would an alternative contractor cost: comparable cost
 - c. If this is a continuation, when was the last time alternative quotes were requested? Annually.
 - d. For new or continuation: is this a service existing staff could provide. If no, why not? Due to shortage of nursing staff.

6. Type of Service:

Answer all questions:

- a. Professional Development? N/A
 - i. If this is a professional development program, can the service be provided by existing staff? If no, why not? N/A
- b. After School or Extended Hours Program? N/A
- c. School Readiness or Head Start Programs? N/A
- d. Other: (Please describe) N/A

7. Contractor Classification:

Answer all questions:

- a. Is the Contractor a Minority or Women Owned Business? N/A
- b. Is the Contractor Local? N/A
- c. Is the Contractor a Not-for-Profit Organization? If yes, is it local or national? N/A
- d. Is the Contractor a public corporation? N/A
- e. Is this a renewal/continuation Agreement or a new service? N/A
- f. If it is a renewal/continuation has cost increased? If yes, by how much? N/A
- g. Will the output of this Agreement contribute to building internal capabilities? If yes, please explain: N/A

8. Contractor Selection:

Answer all questions

- a. What specific skill set does this contractor bring to the project? If a new contractor, please attach a copy of the contractor's resume.
All Pointe Home Care, LLC's specific skill set is to provide 1:1 nursing care to NHPS students with Developmental Delays. These students are extremely medically fragile, ventilator dependent, receive feedings via his gastrostomy, non-verbal and are dependent on adults for all aspects of life (breathing, feeding, movement and diaper changing). These students have medical orders requiring specialized nursing care around the clock in order to monitor/maintain respiration.
- b. How was the Contractor selected? Quotes, RFP/RFQ, Sealed Bid or Sole Source?
N/A
- c. Please describe the selection process including other sources considered and the rationale for selecting this Contractor: Through the elimination of other contractors.

9. Evidence of Effectiveness & Evaluation

Answer all questions

- a. What specific need will this contractor address and how will the contractor's performance be measured and monitored to ensure that the need is met?
All Pointe Home Care, LLC will provide a licensed nurse to provide nursing care in the child's daily care and medical treatment, monitor/maintain gastrostomy tube feeding, suctioning and diapering/changing as needed. The evidence of effectiveness will be evaluated by ongoing meetings, IEP reviews and staff/parent feedback throughout the 2022-2023 school year.

- b. If this is a renewal/continuation services attach a copy of the evaluation or archival data that demonstrates effectiveness.
- c. How is this service aligned to the District Continuous Improvement Plan?
These students have the right to access a Free and Appropriate Education (FAPE) as identified in his Individual Education Plan (IEP). The 1:1 nursing service allows the students the opportunity to have access to and participate in an appropriate educational program that can meet his needs at this time.

10. Why do you believe this Agreement is fiscally sound?

The district is mandated to provide students with the appropriate supports and services in order for them to have equal access to a Free and Appropriate Public Education (FAPE).

11. What are the implications of not approving this Agreement?

The implication of not approving this agreement is that we may not meet the legal requirements in cases where a 1:1 nurse is recommended through a students' IEP.



NEW HAVEN PUBLIC SCHOOLS

AGREEMENT
By And Between
The New Haven Board of Education
AND

All Pointe Home Care, LLC

FOR DEPARTMENT/PROGRAM:

Student Services/Special Education Department

This Agreement entered into on the 10th day of May 2022, effective (*no sooner than the day after Board of Education Approval*), the 14th day of June 2022, by and between the New Haven Board of Education (herein referred to as the “Board” and, All Pointe Home Care, LLC located at, 675 West Johnson Avenue, Cheshire, CT 06410 (herein referred to as the “Contractor”).

Compensation: The Board shall pay the contractor for satisfactory performance of services required the amount of \$55.00 per hour, for a total of 182 school days for 2 students, for 8 hours per day and \$55.00 per hour for a total of 19 days for 5 hours per day for the summer ESY Program for 1 student.

The maximum amount the contractor shall be paid under this agreement: One Hundred Sixty Five Thousand Three Hundred Eighty Five Dollars (\$165,385). Compensation will be made upon submission of an itemized invoice which includes a detailed description of work performed and date of service.

Fiscal support for this Agreement shall be by IDEA Handicapped Special Funds Account Program of the New Haven Board of Education, **Account Number:** 2504-5034-56903 **Location Code:** 0490. (*pending receipt of funds*)

This agreement shall remain in effect from July 05, 2022 to June 30, 2023.

SCOPE OF SERVICE: *Please provide brief summary of service to be provided.*

1. The CONTRACTOR shall provide any clinical supervision and direction to the NURSE that is necessary for the CONTRACTOR to perform its obligations under this AGREEMENT, including the on-call services of an appropriately trained and licensed registered nurse to support the NURSE. The CONTRACTOR shall be solely responsible for the acts or omissions of the NURSE and of other employees or agents of the CONTRACTOR. Nothing in this AGREEMENT shall be construed as treating this NURSE or the CONTRACTOR as employees or agents of the BOARD, or to entitle the NURSE or the CONTRACTOR to any rights and privileges of employment or agency by the BOARD. Nothing in this Agreement

shall be construed to prohibit the authority of the School Nurse or any member of the school staff to exercise appropriate supervision or control over the provision of health or medical services to the STUDENTS in any good faith case of emergency or reasonable necessity.

2. **CONSULTATION:** The parties agree that the NURSE shall engage in ongoing consultative sessions as necessary with the School Nurse (“the SCHOOL NURSE”), as well as with BOARD staff, to ensure the proper provision of nursing services in accordance with the needs of the STUDENT. The CONTRACTOR agrees that the NURSE must at all times maintain familiarity with the STUDENT’S needs as set forth in the current IHCP.

3. The CONTRACTOR agrees that the following constitute the responsibilities of the NURSE while accompanying the STUDENT at school and at all school activities during the school day and the CONTRACTOR shall cause the NURSE to perform in a professional and responsible manner:
 - (a) The NURSE, while at school, shall be exclusively responsible for the STUDENT’S daily nursing care and medical treatment, including, but not limited to, suctioning as needed, gastrostomy tube feedings as prescribed by physician, and diapering/changing as needed as required by the STUDENT’S IHCP; provided, however, nothing in this Agreement prevents or precluded any other party from taking actions that such party deems necessary or appropriate in the event of an emergency or otherwise;
 - (b) The SCHOOL NURSE, in conjunction with the STUDENT’S parent, shall provide training to the NURSE as needed regarding the STUDENT’S specific healthcare needs;
 - (c) The STUDENT’S parent has provided the school with the necessary equipment for the suctioning and tube feedings, or any other equipment that is necessary to provide care which will travel with the student throughout the day.
 - (d) The NURSE shall accompany the STUDENT at all times in the School during the School day; and while being transported to and from school.
 - (e) The NURSE shall become thoroughly familiar with the STUDENT’S IHCP and with any other plans required by the STUDENT, including but not limited to, emergency and evacuation plans, and shall be prepared to carry out these procedures. The school shall provide the NURSE with information regarding such procedures. During any such procedure, the NURSE shall ensure the STUDENT’S safety, and in the event of a fire drill or other evacuation procedure, shall have responsibility, in conjunction with the STUDENT’S teacher or paraprofessional, for evacuating the STUDENT and necessary medical supplies from the building;
 - (f) The NURSE shall continually apprise the family and school of the STUDENT’S health status and of any changes in the STUDENT’S medical treatments, nursing care, and/or related procedures;
 - (g) The NURSE shall report concerns regarding equipment and supplies to the School;
 - (h) The NURSE shall report to the School if he/she becomes ill during the course of the day and shall, if at all possible, continue to supervise the STUDENT until a

designated substitute nurse can take over or the STUDENT'S parent or guardian removes the STUDENT from school;

- (i) The NURSE shall adhere to the American Nurses Association's Code of Ethics for Nurses with Interpretive Statements (2001);
- (j) The NURSE shall adhere to all the policies, procedures, rules and regulations of the School and of the Connecticut Department of Health, State Board of Examiners for Nursing, as applicable;
- (k) The NURSE and/or a representative of the CONTRACTOR shall participate as necessary in routine conferences regarding the STUDENT at no additional cost to the BOARD and shall also participate in the development, revision and/or evaluation of the IHCP in conjunction with the STUDENT'S parent or guardian and representatives of the BOARD as well as the School;
- (l) The NURSE shall not disclose to any individual any information obtained in the course of the school day regarding the STUDENT other than to appropriate school personnel and to the parent or guardian of the STUDENT in accordance with the procedures of the BOARD. The NURSE shall not disclose to any individuals any information obtained in the course of the school day regarding any other student, and shall ensure that the confidentiality rights of STUDENT and of all students shall be protected;
- (m) The NURSE shall maintain a daily log of the nursing care that he/she has provided to the STUDENT, as well as the medical status of the STUDENT.

Exhibit A: Scope of Service: Please attach contractor's detailed Scope of Service on contractor letterhead with all costs for services including travel and supplies, if applicable.

Exhibit B: Student Data and Privacy Agreement: Attached

APPROVAL: This Agreement must be approved by the New Haven Board of Education *prior to service start date*. Contactors may begin service no sooner than the day after Board of Education approval.

HOLD HARMLESS: The Contractor shall insure and/or indemnify the Board and its members, employees and agents against all claims, suits, and expenses, including reasonable attorney's fees, in connection with loss of life, bodily injury or property damage arising from any neglect act or omission of the Contractor or its employees or agents. Further, the Contractor covenants and agrees that it shall hold the Board and its members, employees and agents harmless against any and all claims, suits judgments of any description whatsoever caused by the Contractor's breach of this agreement or based upon the conduct of the Contractor, or its agents or its employees or arising out of in connection with their activities under this agreement.

TERMINATION: The Board may cancel this agreement for any reason upon thirty (30) days' written notice sent to the Contractor by certified U.S. mail, return receipt requested; provided however, that the Board shall be responsible to the Contractor for all services rendered by the Contractor through the last day of thirty (30) day notice period, as long as the Agreement was approved by the Board prior to the start date of service.

Anellie Reed, RN, BSN

Contractor Signature

President
New Haven Board of Education

5/10/2022

Date

Date

Anellie Reed, RN, BSN, Administrator
Contractor Printed Name & Title



NEW HAVEN PUBLIC SCHOOLS

EXHIBIT B

**STUDENT DATA PRIVACY AGREEMENT
SPECIAL TERMS AND CONDITIONS**

For the purposes of this Exhibit B "directory information," "de-identified student information," "school purposes," "student information," "student records," "student generated content," and "targeted advertising" shall be as defined by Conn. Gen. Stat. §10-234aa.

1. All student records, student information, and student-generated content (collectively, "student data") provided or accessed pursuant this Agreement or any other services agreement between the Parties are not the property of, or under the control of, the Contractor.
2. The Board shall have access to and the ability to delete student data in the possession of the Contractor except in instances where such data is (A) otherwise prohibited from deletion or required to be retained under state or federal law, or (B) stored as a copy as part of a disaster recovery storage system and that is (i) inaccessible to the public, and (ii) unable to be used in the normal course of business by the Contractor. The Board may request the deletion of any such student information, student records or student generated content if such copy has been used by the operator to repopulate accessible data following a disaster recovery. The Board may request the deletion of student data by the contractor within two (2) business days of receiving such a request and provide to the Board confirmation via electronic mail that the student data has been deleted in accordance with the request, the date of its deletion, and the manner in which it has been deleted. The confirmation shall contain a written assurance from the Contractor that proper disposal of the data has occurred in order to prevent the unauthorized access or use of student data and that deletion has occurred in accordance with industry standards/practices/protocols.
3. The Contractor shall not use student data for any purposes other than those authorized pursuant to this Agreement.
4. A student, parent or legal guardian of a student may review personally identifiable information contained in student data and correct any erroneous information, if any, in such student data. If the Contractor receives a request to review student data in the Contractor's possession directly from a student, parent, or guardian, the Contractor agrees to refer that individual to the Board and to notify the Board within two (2) business days of receiving such a request. The Contractor agrees to work cooperatively with the Board to permit a student, parent, or guardian to review personally identifiable information in student data that has been shared with the Contractor, and correct any erroneous information therein.

5. The Contractor shall take actions designed to ensure the security and confidentiality of student data.
6. The Contractor will notify the Board, in accordance with Conn. Gen. Stat. § 10-234dd, when there has been an unauthorized release, disclosure or acquisition of student data. Such notification will include the following steps:

Upon discovery by the Contractor of a breach of student data, the Contractor shall conduct an investigation and restore the integrity of its data systems and, without unreasonable delay, but not more than thirty (30) days after such discovery, shall provide the Board with a more detailed notice of the breach, including but not limited to the date and time of the breach; name(s) of the student(s) whose student data was released, disclosed or acquired; nature of and extent of the breach; and measures taken to ensure that such a breach does not occur in the future.

7. Student data shall not be retained or available to the Contractor upon expiration of the contract between the Contractor and Board, except a student, parent or legal guardian of a student may choose independently to establish or maintain an electronic account with the Contractor after the expiration of such contract for the purpose of storing student generated content.
8. The Contractor and Board shall each ensure their own compliance with the Family Educational Rights and Privacy Act of 1974, 20 U.S.C. § 1232g, as amended from time to time.
9. The Contractor acknowledges and agrees to comply with the above and all other applicable aspects of Connecticut's Student Data Privacy law according to Connecticut General Statutes §§ 10-234aa through 10-234dd.
10. The Parties agree that this Agreement controls over any inconsistent terms or conditions contained within any other agreement entered into by the Parties concerning student data.

Revised: 10/2/18

CONTRACTOR ASSESSMENT

Vendor Name: All Pointe Home Care, LLC

Project Description: To provide Nursing services for 2022-2023 school year.

Evaluator: Typhanie Jackson

Date: June 14, 2022

	Unacceptable			Excellent		Not applicable
	1	2	3	4	5	N/A
Quality of contractor's Work						
1. Attendance					x	
2. Effectiveness of consultation				x		
3. Ability to communicate with staff and parents				x		
4. Monitor and maintain social emotional behavioral records				x		
5. Appropriate recommendations for student programming				x		
Working relationship of contractors with district						
6. Timely submission of department data					x	
7. Positive feedback from staff and families				x		
8. Collegial, collaborative relationships with building professionals				x		
Implementation of practice across the district						
9. Flexibility in scheduling				x		
10. Team work with teacher and other professionals				x		

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Print or type
See Specific Instructions on page 2.

Name (as shown on your Income tax return) All Pointe HomeCare, LLC	
Business name, if different from above	
Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Other ▶ LLC	
<input type="checkbox"/> Exempt from backup withholding	
Address (number, street, and apt. or suite no.) 675 West Johnson Ave	Requester's name and address (optional) City of New Haven 200 Orange Street New Haven CT 06510
City, state, and ZIP code Cheshire, CT 06410	
List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.
Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number								
or								
Employer identification number								
2	7	1	9	5	5	5	6	4

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. person (including a U.S. resident alien).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 4.)

Sign Here	Signature of U.S. person ▶	Date ▶ 5/17/2022
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Purpose of Form

A person who is required to file an information return with the IRS, must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

U.S. person. Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

For federal tax purposes you are considered a person if you are:

- An individual who is a citizen or resident of the United States,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, or

• Any estate (other than a foreign estate) or trust. See Regulations sections 301.7701-6(a) and 7(a) for additional information.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the recipient has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

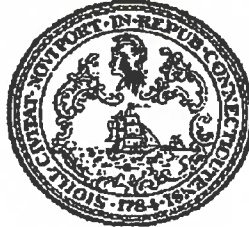
1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.

THE CITY OF NEW HAVEN

BUREAU OF PURCHASES
200 Orange Street

New Haven, Connecticut 06510
(203) 946-8201 - FAX (203) 946-8206

JUSTIN ELICKER
Mayor



Michael V. Fumiatti
Purchasing Agent

DISCLOSURE & CERTIFICATION AFFIDAVIT OF OUTSTANDING OBLIGATIONS TO THE CITY OF NEW HAVEN

VENDOR NAME	All Pointe HomeCare
VENDOR ADDRESS	675 West Johnson Ave
TELEPHONE /FAX	203-250-1900/ 203-439-7894
CONTACT/E-MAIL ADDRESS	STEPHEN LAPOINTE/ SLAPOINTE@ALLPOINTECARE.COM
SOLICITATION TITLE	
SOLICITATION NUMBER	

For the purposes of this Disclosure of Outstanding Financial Obligations, the following definitions apply:

- (a) "Contract" means any Public Contract as defined below.
- (b) "Person" means one (1) or more individuals, partnerships, corporations, associations, or joint ventures.
- (c) "Public Contract" means any agreement or formal commitment entered into by the city to expend funds in return for work, labor, services, supplies, equipment, materials or any combination of the foregoing, or any lease, lease by way of concession, concession agreement, permit, or per agreement whereby the city leases, grants or demises property belonging to the city, or otherwise grants a right of privilege to occupy or to use said property of the city.
- (d) "City" means any official agency, board, authority, department office, or other subdivision of the City of New Haven.

State of Connecticut County of New Haven Ss.

Stephen LaPointe being first duly sworn, deposes and says that:
(type or print your name above)

1. I am owner, partner, officer, representative, agent or _____ of: All Pointe HomeCare
(circle one) Company Name (if individual type your name)
2. I am fully informed respecting the preparation and contents of the attached Agreement and of all pertinent circumstances respecting such Agreement;
3. That as a person desiring to contract with the City (check all that apply):
 - The Contractor and each owner, partner, officer, representative, agent or affiliate of the Contractor has filed a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor are required to file a list of taxable personal property with the City of New Haven for the most recent grand list, as required by Conn. Gen. Stat. §12-42.
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, owes back taxes to the City of New Haven
 - Neither the Contractor nor any owner, partner, officer, representative, agent or affiliate of the Contractor either directly or through a lease agreement, has any other outstanding obligations to the City of New Haven
 - The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor owes back taxes and has executed an agreement, satisfactory to the tax collector, to pay said back taxes in installment payments and the payments under said agreement are not in default. The agreement shall be attached, and incorporated herein by reference.

4. The following list is a list of the names of all persons affiliated with the business of the Contractor, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized): This does not mean ALL employees - just officers, owners etc.

	Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	Stephen LaPointe	Owner	All Pointe HomeCare		
2	Nancy LaPointe	Co-owner	All Pointe HomeCare		
3	Coco Sellman	Co-owner	All Pointe HomeCare		
4	Frank Sellman	CO-owner	All Pointe HomeCare		

5. That as a person desiring to contract with the City:

(a) The Contractor or an owner, partner, officer, representative, agent or affiliate of the Contractor provides, or has provided, services or materials to the City within one (1) year prior to the date of this disclosure, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

	Name	Title	Affiliated Company (if none state NONE)	Service or Material	DOB
1	None				
2					
3					
4					

(b) The Contractor possesses an ownership interest in the following business organizations, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized) :

	Organization Name	Address	Type of Ownership		
1	All Pointe HomeCare	675 West Johnson Ave, Cheshire, CT 06410	Owner		
2					

(c) The following persons possess an ownership interest in the Contractor. If the Contractor is a corporation, list all of the officers of the corporation and the names of each stockholder whose shares exceed twenty-five (25) percent of the outstanding stock, if none, state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

	Name	Title	DOB	Stock %	
1	None				
2					

(d) Of the following of the affiliates, individuals or business entities identified in this affidavit, list each that owns, owned, or within one (1) year prior to the date of this disclosure has owned, taxable property situated in the City of New Haven, if none state none. Use additional sheet if necessary (Must be on company letterhead and notarized):

	Name	Title	Affiliated Company (if none state NONE)	Address	DOB
1	None				
2					

(e) If the Contractor conducts business under a trade name, the following additional information is required: the place where such entity is incorporated or is registered to conduct such business; and the address of its principal place of business, if none, state none:

	TRADE NAME	PLACE OF INCORPORATION/REGISTRY	PRINCIPAL PLACE OF BUSINESS
1	None		
2			

I hereby certify that the statements set forth above are true and complete, and I understand that any incorrect information or omission of information from this affidavit may result in the immediate termination of the Contractor's agreement with the City of New Haven.

(Signed) Steve LaPointe member
Title:

Subscribed and sworn to before me this 17th day of May, 2022
David Gentile Notary
(Title)

My commission expires 10/31, 2025

This Form Must be Notarized