

Collin County Health Dept.
Patsy Morris
825 McDonald Street
McKinney, TX 75069
972-548-5500
972-547-7267 (fax)

Partnership Agreement

I. PURPOSE

This agreement is entered into between Region 10 Education Service Center Head Start Program, and Collin County Health Department to provide services for enrolled children, volunteers, and staff in Region 10 Head Start/Early Head Start Programs.

II. TERM

September 1, 2011 to August 31, 2012

III. DESCRIPTION OF COMMITMENTS

Collin County Health Department agrees to:

- Adult Head Start Volunteer PPD \$15.00
- Disposal of Sharps Containers 5.00 each
(from Head Start Centers)
- Immunizations for Non-Medicaid children 5.00 each
(cannot exceed \$30.00 per visit)
- Offer treatment and follow-up for positive reactors at no cost to Head Start
- Provide written PPD results to Head Start

Region 10 ESC Head Start/Early Head Start agrees to:

- Issue payment vouchers as authorization for services
- Payment will be made only after services are delivered, itemized billing information submitted, and approval for payment by the ESC department director.

Billing information:

Region 10 Education Service Center
Head Start/Early Head Start Health Services
Colleen Hines, MS, RN, Program Coordinator
400 E. Spring Valley Rd.
Richardson, TX 75081-5101

IV. TERMINATION

This agreement may be terminated by either party thirty days after giving notice of intent to terminate the agreement.

LeAnn Kite Hampton
LeAnn Kite, Division of Instruction
Region 10 ESC Head Start Director

Authorized Signature

LeAnn Kite Hampton
Typed or Printed Name

Typed or Printed Name

9/8/2011
Date

Date

**Head Start/Early Head Start
PAYMENT VOUCHER**

Date: _____

Student's Name: _____

Date of Birth: _____

School Campus: _____

Health Care Need: _____

SAMPLE

This voucher authorizes payment for one time health care for the above named student. Fees are limited to the Medicaid Reimbursement Schedule, contract, or letter of agreement. Referrals for other services require verbal pre-authorization from Health Services Coordinator at 972-348-1614 or fax 972-348-1615.

Type of Service	Provider	Service Description & Appointment Date
Dental Exam		
Physical Exam		
Referral		
Treatment		
Urgent Care		

Authorized Signature: _____ Date: _____

Authorization valid until: _____

***Submit for payment:** TWO COPIES of itemized statement, including the provider's Federal Identification Number, child's name, school, and services rendered. This voucher must accompany the billing statement and must be received within 45 days of service.

You are authorized to release to Region 10 Education Service Center Head Start information regarding this health care visit for the above named student including diagnosis and treatment.

Parent or legal guardian: _____ Date: _____

Billing Information: Region 10 Education Service Center
Head Start Health Services
Colleen Hines, MS, RN, Program Coordinator
400 E. Spring Valley Rd.
Richardson, TX 75081-5101



Note: It is the parent or guardian's responsibility to provide transportation necessary to keep the appointment for the above named individual to receive the designated health care. A MINOR MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN.

THIS INFORMATION IS TO BE USED WITH PROFESSIONAL STAFF ONLY IN KEEPING WITH FERPA AND I.D.E.A.-B CONFIDENTIALITY REQUIREMENTS. Division of Instruction, Education Service Center Region 10, 400 E. Spring Valley Road, Richardson, TX 75081-5101
Reviewed 9/2011

It is the policy of Region 10 Education Service Center not to discriminate on the basis of race, color, national origin, sex or handicap in its vocational programs, services or activities as required by Title VI of the Civil Rights Act of 1964, as amended; Title IX of the Education Amendments of 1972; and Section 503 and 504 of the Rehabilitation Act of 1973, as amended. Region 10 Education Service Center will take steps to ensure that lack of English language skills will not be a barrier to admission and participation in all educational programs and services.