

Rockland Psychiatric Center

3650547

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OMH
 Contract Number: OMH01 - ~~6200729~~ - 3650520 Agency Business Unit: OMH01
 Contract Term: 4/1/2019 to 3/31/2020 Agency Department ID: 3650547
 Contractor Name: Worldwide Travel Staffing, Limited
 Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150
 Description of Services Being Provided: Speech Language Pathologist Services

Scope of Contract (Choose one that best fits):

- Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

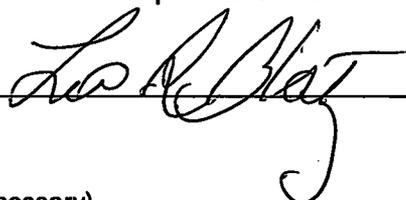
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
29-1127.00	1.00	177.83	\$11,300.04
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	1.00	177.83	\$11,300.04
Grand Total	1.00	177	\$11,300.04

Name of person who prepared this report: Leo R. Blatz

Title: C.E.O.

Phone #: 716-821-9001

Preparer's Signature: _____



Date Prepared: 4/17/2020

(Use additional pages, if necessary)

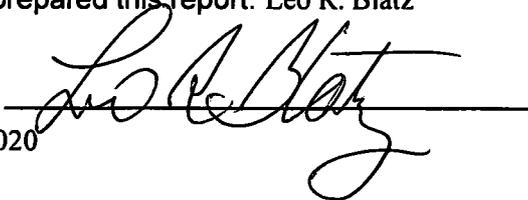
FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 2019 to March 31, 2020

Contracting State Agency Name: OMH
 Contract Number: OMH01-T200722-3650547 Agency Business Unit: OMH01
 Contract Term: 4/1/2019 to 3/31/2020 Agency Department ID: 3650547
 Contractor Name: Worldwide Travel Staffing, Limited
 Contractor Address: 2829 Sheridan Drive, Tonawanda, NY 14150
 Description of Services Being Provided: Neuro-Psychology Therapy Services

Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
19-3039.01	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	0.00	\$ 0.00
Grand Total	0.00	0	\$0.00

Name of person who prepared this report: Leo R. Blatz
 Title: C.E.O. Phone #: 716-821-9001
 Preparer's Signature: 
 Date Prepared: 4/17/2020