

LETTER OF AGREEMENT

This document will serve as a letter of understanding and agreement between Family Matters Nassau County ("CBC") and Daniel Memorial Inc. ("daniel").

CBC desires to purchase emergency and/or temporary shelter/residential services from daniel. CBC agrees to purchase said services at a rate of: see attached Schedule of Fees per unit of service. For purposes of this agreement, a unit of service will consist of one 24-hour day, or a portion of a day, that a child resides at daniel. CBC will pay for day of admission into the program regardless of the time of day that the child is placed. CBC will not pay for day of discharge, regardless of the time of day of discharge. Said service will include room, board, programming essentially similar to that provided to other residents, and 24 hour-a day supervision. Said child is placed at daniel and payment is authorized and will continue until notice of termination is given (verbally or in writing) by CBC to daniel.

Other costs, including, but not limited to medical, dental, educational, or other special needs, are NOT covered by this agreement, and must be authorized and paid separately by CBC,

CBC warrants it is authorized, under Florida law to place children in CBC custody with daniel or other appropriate providers.

daniel warrants that it is licensed by the State of Florida to provide the Services contracted herein, and that daniel is in full compliance with all applicable regulations.

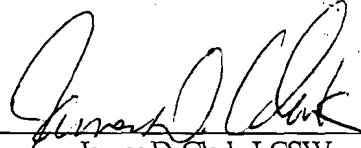
Should the child run away, be removed, or otherwise absent him/herself from daniel, daniel will notify CBC immediately.


The name of the child covered by this agreement is: \_\_\_\_\_

Daniel and CBC mutually agree to communicate regularly, and as needed, any information which may significantly affect the health, safety, and well-being of the child(ren) referred

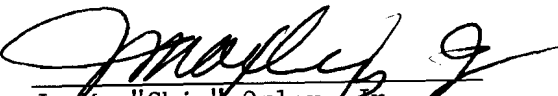
daniel. will provide a written invoice to CBC by the 8th day of each month following a service month using a Request for Payment form. to be provided by CBC. Payment will be made to daniel, 30 days from the receipt of invoice providing the invoice was received by the 8th day of the month.

BOARD OF COUNTY COMMISSIONERS OF  
NASSAU COUNTY, FLORIDA

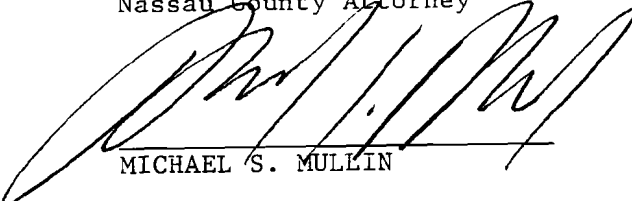
  
James D. Clark, LCSW  
Daniel Memorial, Inc.

  
FLOYD L. VANZANT  
CHAIRMAN

ATTEST:

  
J. M. "Chip" Oxley, Jr.  
Its: Ex-Officio Clerk

Approved as to form by the  
Nassau County Attorney

  
MICHAEL S. MULLIN

Fee Schedule (2003/2004)

	Daily \$
Residential Treatment (Non-SIPP)	\$235.00
Therapeutic Group Home (Non-Medicaid)	\$205.00
Therapeutic Group Home (Medicaid)	\$55.00
Therapeutic Foster Care	
Regular	\$91.47
Medicaid Rate	\$87.04
Level 1	\$87.30+R&B
Level2	\$135.80+R&B
Crisis	\$135.80+R&B
Independent Living	\$12.50

**INVOICE**

\_\_\_\_\_  
*Name of Organization*

\_\_\_\_\_  
*Address*

Category	Expenditures for this Report

***TOTAL EXPENDITURES:*** \$ \_\_\_\_\_

*Amount of Requested Reimbursement:* \$ \_\_\_\_\_

***Amount Due to:*** \$ \_\_\_\_\_  
*Organization*

*Documentation for all expenditures must be attached to this invoice for payment.*

*I hereby certify that the above report is a true, accurate and correct reflection of the activities of this period; and that these expenditures reported are made only for items which are allowable and directly relate to the purposes of this agreement / contract.*

*SUBMITTED BY:* \_\_\_\_\_ *TITLE:* \_\_\_\_\_

*Approved for Payment:* \_\_\_\_\_ *Date:* \_\_\_\_\_  
*CBC Finance Director*

RECEIVED  
2/26/04

**MEMORANDUM**

**TO:** Mike Mullin  
**FROM:** Judy Dey *JW*  
**SUBJECT:** Daniel Memorial, Inc. Interagency Agreement  
**DATE:** February 26, 2004

\*\*\*\*\*

Attached is the above referenced agreement which was received in my office this date. Currently, Daniel Memorial (DM) has an agreement with DCF for these services. As of March 1, 2004, the agreement needs to be with Family Matters, in order to make referrals for our clients for residential care and assure DM that payments will continue to be paid promptly.

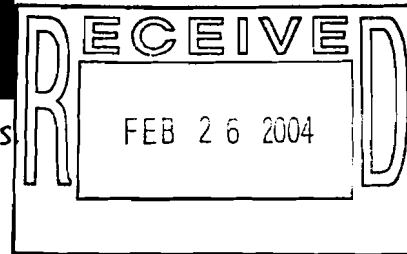
Anything you can do to expedite the process will be appreciated.

**APPROVED**

DATE 3/2/04

# daniel

improving the odds for kids  
Since 1884



James D. Clark, LCSW  
President / CEO

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John R. Schultz



www.danielkids.org  
info@danielkids.org

February 20, 2004

Ms. Judith K. Day  
Family Matters Nassau County  
1303 Jasmine Street  
Fernandina Beach, FL 32034

Dear Ms. Day:

Thank you for expressing interest in arranging a letter of agreement with Daniel Memorial, Inc. to provide services to your clients. Please find enclosed two original letters of agreement. If all is agreeable with you, please sign both letters of agreement, keep one for your records, and return one to me.

As you will note, there is a blank space on the letter of agreement for the child's name when services are needed. When arranging services with Ms. Lynelle Saari, our admissions coordinator, please make a copy of the original, record the child's name on the copy, and send or fax the copy to her attention.

We look forward to our relationship with your organization and helping kids in our community. Please call if you have any questions or concerns.

Sincerely,

Michael Knox  
Chief Financial Officer

RECEIVED

FEB 26 2004 (RM)

Family Matters  
of Nassau County

**Administrative Offices**  
4203 Southpoint Boulevard  
Jacksonville, FL 32216  
(904) 296-1055  
FAX: (904) 296-1953

**Residential Programs**  
3725 Belfort Road  
Jacksonville, FL 32216  
(904) 296-1055  
FAX: (904) 448-7700

**West Coast**  
6716 Congress Street  
New Port Richey, FL 34653  
(727) 844-7488  
FAX: (727) 844-5148

**Daniel Payne Academy**  
5258-3 Norwood Avenue  
Jacksonville, Florida 32208  
(904) 766-2222  
Fax: (904) 766-2218