ADDENDUM A Client Assignment Confirmation



This Client Assignment Confirmation is entered into and executed as of the signature date below and supplements the Client Services Agreement between the Client and New Direction Solutions, LLC dba ProCare Therapy ("ProCare"). Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details	
ProCare Consultant:	Yvette Madrigal PID: *
School District Name (Client):	The Accelerated Schools
Start Date:	08/14/2023 End Date:06/07/2024
	Start and End dates are subject to change based on the credentialing and licensure process as well as adjustment in the school district's calendar.
Position:	SLPA
Bill Rate:	\$95.00 Minimum Hours: 37.5
Overtime Rate:	1.5 times Bill Rate
Billing Workweek:	Monday – Friday
Miscellaneous:	*
If ProCare Consultant should be re expenses incurred. Client agrees that it will not directly referred by ProCare for a period of enters into such a relationship or re	be added to professional fees if required or allowed by state law and client is not a tax-exempt entity. Equired to travel to other locations at the specific request of the Client, the Client will be responsible for all or indirectly, personally or through an agent or agency, contract with or employ any Consultant introduced of (12) months after the latest date of introduction, referral, or end of contract placement. If Client or its affiliate fers Consultant to a third party for employment, Client agrees to pay an amount equal to \$22,500 or thirty-five of the Consultant's first year's annual salary, including any signing bonus, as agreed upon at the time of hiring Care upon start date.
•	ered by ProCare in lieu of onsite services.
	Client to create a safe and healthy environment.
The Consultant working this assignr mandated meal and rest breaks as	ment is subject to the California Meal and Rest Break Period Laws. Client shall adhere to and enforce the state defined within California's Wage and Hour Laws.
Account Representative Inform	hation: Hayden Jones hayden.jones@procaretherapy.com 678.451.1030
By: 328743 - THE ACCELERAT Print Name:Stephen D Title: chief Business Date: 8/4/23	ictinson Print Name:

^{*}Terms and conditions outlined in this Client Assignment Confirmation will be considered agreed upon by all parties unless ProCare is notified of changes by Client within forty-eight (48) hours of client's receipt of this Client Assignment Confirmation.

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Assignment Details				
ProCare Consultant:	Victoria Andrade		PID: *	
School District Name (Client):	The Accelerated Schools			
Start Date:	08/16/2023	End Date:	06/07/2024	
	Start and End dates are subject to cheschool district's calendar.	ange based on the credentialing	and licensure process as well as adjustment in the	
Position:	SLPA			
Bill Rate:	\$95.00	Minimum Hours: _3	37.5	
Overtime Rate:	1.5 times Bill Rate			
Billing Workweek:	Monday – Friday			
Miscellaneous:	Onboarding expenses will be covered by ProCare Therapy			
•	,	•	and client is not a tax-exempt entity. he Client, the Client will be responsible for a	
referred by ProCare for a period of enters into such a relationship or re	(12) months after the latest date of fers Consultant to a third party for of the Consultant's first year's annu	of introduction, referral, or en employment, Client agrees to	ct with or employ any Consultant introduced on the contract placement. If Client or its affiliate on pay an amount equal to \$22,500 or thirty-fiving bonus, as agreed upon at the time of hiring	
Option of virtual services will be offe	•	rvices.		
All precautions will be taken by the	•			
The Consultant working this assignr mandated meal and rest breaks as	nent is subject to the California Meaderined within California's Wage ar	al and Rest Break Period Lav nd Hour Laws.	ws. Client shall adhere to and enforce the state	
Account Representative Inform	nation: Hayden Jones hayden.jones@procar 678.451.1030	retherapy.com		
By: 328743 - THE ACCELERAT Print Name:Stephin Pla Title: Chief Busines Of Date: 8/2/2 3		By: New Directions So Print Name: Title: Date:	lutions, LLC dba ProCare Therapy	

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Assignment Details		
ProCare Consultant:	Helen Rodriguez	PID:*
School District Name (Client):	The Accelerated Schools	
Start Date:	08/24/2023	End Date:06/07/2024
	Start and End dates are subject to cha school district's calendar.	ange based on the credentialing and licensure process as well as adjustment in the
Position:	SLP	
Bill Rate:	\$150.00	Minimum Hours: 40
Overtime Rate:	1.5 times Bill Rate	_
Billing Workweek:	Monday – Friday	
Miscellaneous:	Onboarding expenses will be	covered by ProCare Therapy
-		ired or allowed by state law and client is not a tax-exempt entity.
If ProCare Consultant should be re expenses incurred.	quired to travel to other locations	at the specific request of the Client, the Client will be responsible for all
referred by ProCare for a period of enters into such a relationship or ref	(12) months after the latest date of fers Consultant to a third party for each of the Consultant's first year's annu-	an agent or agency, contract with or employ any Consultant introduced or f introduction, referral, or end of contract placement. If Client or its affiliate employment, Client agrees to pay an amount equal to \$22,500 or thirty-five al salary, including any signing bonus, as agreed upon at the time of hiring.
Option of virtual services will be offe	red by ProCare in lieu of onsite ser	vices.
All precautions will be taken by the 0		
The Consultant working this assignn mandated meal and rest breaks as o		al and Rest Break Period Laws. Client shall adhere to and enforce the stated Hour Laws.
Account Representative Inform	nation: Hayden Jones	
	hayden.jones@procar	etherapy.com
	678.451.1030	
By: 328743 - THE ACCELERATE Print Name:	ED SCHOOLS ELINGON RS OPENIE	By: New Directions Solutions, LLC dba ProCare Therapy Print Name: Title: Date:

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