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" or "the Company"). Client will pay ProCare for hours worked by Consultant on the following terms:

Assignment Details		
ProCare Consultant:	Patricia Langer	PID: _*
School District Name (Client):	Dayton Independent Schools	6
Start Date:	08/13/2025	End Date: 05/22/2026
	Start and End dates are subject to ch school district's calendar.	ange based on the credentialing and licensure process as well as adjustment in the
Position:	School psychologist supervis	or
Bill Rate:	\$86.00	Minimum Hours: 3
Overtime Rate:	1.5 times Bill Rate	
Billing Workweek:	Monday – Friday	
Miscellaneous:	*	
If ProCare Consultant should be re expenses incurred. Option of virtual services will be offer All precautions will be taken by the Clf, within one (1) calendar year of Clymhichever is later, Client hires, con	quired to travel to other locations red by ProCare in lieu of onsite se Client to create a safe and healthy company introducing or referring a tracts with, or refers a Consultant	environment. Consultant to Client or the end of a Consultant's assignment with Client to a third-party Client agrees this constitutes a permanent placement and
whichever is later, Client hires, con agrees to compensate Company fo section shall be the greater of: (i) Tw year compensation from Client or thin information about a Consultant from	tracts with, or refers a Consultant r its time and efforts. The compet venty-Two Thousand Five Hundred d-party. For purposes of this claus! Company or has interviewed, cor parties agree that this section is in	to a third-party Client agrees this constitutes a permanent placement and asation owed to Company for a permanent placement as described in this Dollars (\$22,500), or (ii) Thirty-Five Percent (35%) of the Consultant's first e, "introduce" and "refer" shall include any instance where Client has received numericated with, or otherwise engaged in discussions with a Consultant a tended to provide fair compensation to Company for its services, and it doe
- Account Representative Inform	ation: Lindsay Hinnant lindsay.hinnant@proc +16784591146	aretherapy.com
By: 71373 - Dayton Independent	Schools	By: New Direction Solutions, LLC dba ProCare Therapy
Print Name: Nicole Porth	19 .	Print Name:
Title: Director of Special	Education	Title:
Date: 5/12/2025		Date:

^{*}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.