



**EDUCATIONAL SERVICES UNIT**  
 Burlington County Special Services School District  
 20 Pioneer Blvd., Westampton, NJ 08060-3824  
 www.edservicesunit.com

(609) 702-0500

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**BLOCK BILL REQUEST FORM**

**RELATED SERVICES REQUEST INFORMATION**  
*Block Bill applies to requests of 6.5 hours per day or 3.25 hours per half day(am or pm) of compensated time.*

Please indicate <b>number of full and half days needed per week</b> . We will do our best to accommodate days of the week preferences.				Start Date	End Date	School Name(s)	Program Hours
Occupational Therapy	Full days # _____ Half days # _____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> <b>Flexible</b>				
Physical Therapy	Full days # _____ Half days # _____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> <b>Flexible</b>				
Speech Therapy	Full days # _____ Half days # _____ <input type="checkbox"/> am <input type="checkbox"/> pm	<input type="checkbox"/> Monday <input type="checkbox"/> Tuesday <input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/> <b>Flexible</b>				

Note: Out of county school districts requesting service/s will incur destination charges to/from service locations outside of Burlington County. CST or designee listed below will sign Monthly student service schedules. For individual requests, please submit Request for Services Form for each student. Block Billing services are in effect during months of September through June.

**Please note name and title of designee, if any, approved to accept, with signature, monthly staff schedules:** \_\_\_\_\_  
 Name and Title

CST Director/Principal: \_\_\_\_\_ Date: \_\_\_\_\_  
 (My signature and date indicate approval for district to be billed and that I have read and acknowledge the Related Services Billing and Program Descriptors).

EDUCATIONAL SERVICES UNIT ONLY			
Date Received: _____	Date Reviewed: _____	Accept _____	Decline _____ Wait List _____
Notes:			
Notified District: ___/___/___	By letter ___ Email ___ Phone ___	Who: _____	Scanned _____ Filed _____
Therapist(s) Assigned: OT _____	PT: _____	SLP: _____	

Please return form via fax to: Related Services Department (609) 702-9033 or bvermes@burlcoschools.org

Any questions, please call Brooke Vermes (609) 702-0500 ext. 7431