

(Amended)



STATE OF CONNECTICUT

BOARD OF TRUSTEES

FOR THE STATE COLLEGES

P. O. Box 2008 NEW BRITAIN, CONNECTICUT 06050
TEL. NEW BRITAIN: 203-229-1607 TEL. HARTFORD: 203-566-7373

81-145
82-26
83-143
See 84-7

RESOLUTION

concerning

THE CENTER FOR COMMUNICATION DISORDERS
at
SOUTHERN CONNECTICUT STATE COLLEGE

December 2, 1977

WHEREAS, The Center for Communication Disorders at Southern Connecticut State College has, since its establishment in 1955, contributed significantly to the education of students in that College's Department of Communication Disorders by providing them with an opportunity to develop professional skills and gain supervised experience in the practice of their intended profession; and

WHEREAS, The Center has provided a valuable clinical service to the residents of the Greater New Haven area, including those residents who are economically disadvantaged, by offering diagnostic evaluations and remedial assistance in areas of audiology and speech pathology to all who may need such services; and

WHEREAS, The Center's ability to serve a growing number of students and clients is restricted by limited General Fund appropriations, and

WHEREAS, In the opinion of the State Attorney General, the Board of Trustees has the authority to set fees to be charged to clients of the Center, and be it

RESOLVED, That the Board of Trustees for the Connecticut State Colleges, subject to the approval of the Board of Higher Education, establishes a schedule of fees to be charged to clients of the Center for Communication Disorders at Southern Connecticut State College; the schedule of fees is listed in the Addendum to this Resolution, with provision for reduction or waiver of fees for certain clients as provided in the Addendum, and be it further

RESOLVED, That all payments received for fees charged in compliance with this Resolution shall be deposited in a separate account within the Educational Extension Fund and that annual expenditures from the Educational Extension Fund for the Center for Communication Disorders shall not exceed the total of funds available in said account from current and prior year fee collections.

*Rescinded
See 84-7*

A Certified True Copy:

James A. Frost

James A. Frost
Executive Director



SCHEDULE OF FEES
 THE CENTER FOR COMMUNICATION DISORDERS
 at
 SOUTHERN CONNECTICUT STATE COLLEGE

1. The schedule of fees is as follows:

Diagnostic Speech Evaluation.\$25.00
(Speech & Language, Voice, Fluency, etc.)	
Treatment per session.	\$ 2.50
Treatment per semester (not more than 20 sessions).\$50.00
Audiological Evaluation.\$25.00
Subsequent Audiological or Diagnostic Speech Evaluations.\$15.00

2. If fees are not paid by insurance or by a social agency, including a school or school system, persons shall be charged on the basis of ability to pay. Such ability shall be determined from the following table:

Annual Adjusted Gross Income

<u>No of Exemptions</u>	<u>Category I</u>	<u>Category II</u>	<u>Category III</u>
1	Under \$ 6,000	\$ 6,000 - 7,199	\$7,200 or over
2	" 7,200	7,200 - 8,299	8,300 " "
3	" 8,300	8,300 - 9,299	9,300 " "
4	" 9,300	9,300 -10,199	10,200 " "
5	" 10,200	10,200 -10,999	11,000 " "
6	" 11,000	11,000 -11,699	11,700 " "
7	" 11,700	11,700 -12,299	12,300 " "
8	" 12,300	12,300 -12,899	12,900 " "
9	" 12,900	12,900 -13,499	13,500 " "
10	" 13,500	13,500 -14,099	14,100 " "

For clients in Category I, there will be no charge.

For clients in Category II, no charge listed in the schedule of fees shall be more than \$10.00.

Clients in Category III shall pay the full amount listed in the schedule of fees.

3. Persons claiming a waiver of fees or a reduction of fees shall file with the Director of the Center the following notarized statement:

This statement is made in support of a request for a waiver of or a reduction in fees charged by the Center for Communication Disorders at Southern Connecticut State College for services provided or to be provided to _____.

The number of exemptions in my family as reported on the last Federal income tax report or reports filed by me and/or my parents or guardians were _____.

The total adjusted gross income before deductions as reported on the last Federal income tax report or reports filed by me and/or my parents or guardians was _____.

Date: _____ Signed: _____

Notarized:



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STATE OF CONNECTICUT

BOARD OF HIGHER EDUCATION

P.O. Box 1320

HARTFORD, CONNECTICUT 06101

AREA CODE 203 566-3912

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JAN 30 1978

BOARD OF TRUSTEES
FOR THE STATE COLLEGES

January 25, 1978

Dr. James A. Frost
Board of Trustees for State Colleges
P.O. Box 2008
New Britain, Connecticut 06050

Dear Dr. Frost:

✓ At the Board of Higher Education meeting on Tuesday, January 24, 1978, a quorum being present and voting, Resolution 78-F2-S to set fees to be charged to clients of the Center for Communication Disorders at Southern Connecticut State College was approved. I hereby certify that this is a true copy of the resolution.

Resolution 78-F5-S to locate the Charles Ives Center on the campus at Western Connecticut State College was tabled until answers are received to the following questions: 1) Who will pay for the operating costs of this Center? and 2) Will the town of Danbury be able to provide public water and sewer services to that section of the new campus at Western Connecticut State College to be occupied by the Charles Ives Center?

Sincerely yours,

W. Robert Bokelman

W. Robert Bokelman, Director
Fiscal Planning and Management

WRB:ja
Enclosure

RESOLVED that the Board of Higher Education, ~~sub~~ject to its responsibility contained in Section 10-116 of the 1977 version of the General Statutes ~~to~~ approve fees established by the Board of Trustees for State Colleges, approve the recommendation of the Board of Trustees for State Colleges to set fees to be ~~cha~~rged to clients of the Center for Communication Disorders at Southern Connecticut State College as follows:

Diagnostic Speech Evaluation (Speech and Language, Voice, Fluency, etc.)	\$25.00
Treatment per session	\$ 2.50
Treatment per semester (not more than 20 sessions)	\$50.00
Audiological Evaluation	\$25.00
Subsequent Audiological or Diagnostic Speech Evaluations	\$15.00



W. Robert Bokelman, Director
Fiscal Planning and Management

1/24/78