Please Check State Agency:
☐ OMH ☐ SED
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# NEW YORK STATE

**SA-111 SUPPLEMENTAL SCHEDULES**
**For the Period: July 1, 2013 to June 30, 2014**

**Schedule 8D (CFR-4A)**
**CONTRACTED DIRECT CARE AND CLINICAL PERSONAL SERVICES**
**Page _____**

**AGENCY NAME:**_____
**AGENCY CODE:**_____
**SCHOOL CODE: (SED ONLY)** __ __ __ __ __ __ __ __ __ __ __ __

Refer to Appendix D for Position Title Codes and definitions.
**Report only program/site specific positions (Position Title Codes 200-399 series).**

| Position Title Code Appendix D | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|
| | **COLUMN NUMBER** | | | | | | | | | | |
| | **PROGRAM CODE (PROGRAM CODE INDEX)** | ( ) | | ( ) | | ( ) | | ( ) | | ( ) | |
| | **PROGRAM/SITE IDENTIFICATION NUMBER** | | | | | | | | | | |
| | **PROGRAM/SITE NAME** | | | | | | | | | | |
| | **PROGRAM/SITE ADDRESS (Line One)** | | | | | | | | | | |
| | **PROGRAM/SITE ADDRESS (Line Two)** | | | | | | | | | | |
| | **COUNTY CODE** | | | | | | | | | | |
| | **Position Title** | **Hours Paid** | **Amount Paid** | **Hours Paid** | **Amount Paid** | **Hours Paid** | **Amount Paid** | **Hours Paid** | **Amount Paid** | **Hours Paid** | **Amount Paid** |
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| Total Hours Paid and Amount Paid for Positions. | | | | | | | | | | | |

**Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).**