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

SA-111 SUPPLEMENTAL SCHEDULES
For the Period: July 1, 2014 to June 30, 2015

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
Total Hours Paid and Amount Paid for Positions.											

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