	Officer State Agency: OMH OPWDD OASAS SED				FSA-111 SUPPLEMENTAL SCHEDIU 55, 2016 NEW YORK STATE						CONTRACTED DIRECT CARE AND CLINICAL PERSONAL SERVICES Page	
AGENC'	Y NAME:			_								
AGENC'	Y CODE:			_								
sсноо	L CODE: (SED ONLY)		_									
Refer to	Appendix D for Position Title Codes and defin	itions										
	only program/site specific positions (Positi		200-399 series)								
	COLUMN NUMBER											
	PROGRAM CODE (PROGRAM CODE INDEX))))))	
	PROGRAM/SITE IDENTIFICATION NUMBER	GRAM/SITE IDENTIFICATION NUMBER (((((
	PROGRAM/SITE NAME											
Position	PROGRAM/SITE ADDRESS (Line One)											
Title Code	PROGRAM/SITE ADDRESS (Line Two)											
Appendix	COUNTY CODE											
D	е	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	
	Position Titi											

Total Hours Paid and Amount Paid for Positions.

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

CFR-4A Rev. 26-Sep-16