Please Check State Agency:

☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE

SA-111 SUPPLEMENTAL SCHEDULES
For the Period: July 1, 2009 to June 30, 2010

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

AGENCY NAME:_____

AGENCY CODE:_____

SCHOOL CODE: (SED ONLY) _ _ _ _ _ _ _ _ _ _ _ _ _

USE WHOLE DOLLARS.

USE WHOLE HOURS.

Refer to Appendix D for Position Title Codes and definitions. Report only "1099" individuals on this schedule.
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 "Amount Paid" for Positions.											

Transfer totals to Schedule 8A (CFR-1) Line 35 (Program/Site)
Note: Keep program columns consistent throughout the SA-111 Supplemental Schedules.