Funding State Agency:										
	OMH		SED							
	OPWDD									
	OASAS									

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2014 to December 31, 2014

SCHEDULE CFR-4A
CONTRACTED DIRECT
CARE AND CLINICAL
PERSONAL SERVICES

											Page
AGENCY NA											
AGENCY CO											
SCHOOL CO	DDE: (SED ONLY)										
Refer to App	endix R for Position Title Codes and definitions. program/site specific positions (Position Title Cod		eries).								
	COLUMN NUMBER										
	PROGRAM CODE (PROGRAM CODE INDEX)		()		()		()		()		()
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
Position	PROGRAM/SITE ADDRESS (Line One)										
Title Code	PROGRAM/SITE ADDRESS (Line Two)										
Appendix	COUNTY CODE										
R	Position Title	Hours Paid	Amount Paid								
Total "Hours Paid" and "Amount Paid" for Positions.											

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

CFR-4A Nov. 2014

Rev.