Funding State Agency:									
	OMH		SED						
	OPWDD								
	OASAS								

## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT For the Period: January 1, 2015 to December 31, 2015

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

											Page
AGENCY NA	AME:										
AGENCY CO											
SCHOOL CO	DDE: (SED ONLY)										
	endix R for Position Title Codes and definitions.  program/site specific positions (Position Title Cod	es 200-399 se	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. 2015

Rev.