Funding State Agency:

□ OMH □ SED

## **NEW YORK STATE**

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2013 to December 31, 2013

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

Page \_\_\_\_\_

AGENCY NAME:AGENCY CODE:AGENCY COD											
Refer to Appendix R for Position Title Codes and definitions.											
Report only program/site specific positions (Position Title Codes 200-399 series). COLUMN NUMBER											
			<i>,</i> ,		· · · ·		<i>,</i> ,		<i>(</i> )		( )
	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		<b>A I</b>		A		A		A		<b>A</b>
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).