Please Check State Agency:

□ OMH □ SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2005 to June 30, 2006

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

											Page
AGENCY NAME:AGENCY CODE:AGENCY CODE:					USE WHOLE DOLLARS. USE WHOLE HOURS.						
	ODE: (SED ONLY)										
	endix R for Position Title Codes and definitions. Repor program/site specific positions (Position Title Cod			is schedule.							
	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	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
		-									
Total "Hours Paid" and "Amount Paid" for Positions.											

Transfer totals to Schedule CFR-1 Line 35 (Program/Site).

Note: Keep program columns consistent throughout the CFR document.