NEW YORK STATE

CONSOLIDATED FISCAL REPORT

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

SCHEDULE CFR-ii ACCOUNTANT'S REPORT
VOLUNTARY AGENCY or
COUNTY GOVERNMENT

Page____

AGENCY NAME:	AGENCY CODE:	SCHOOL CODE (SED ONLY):	
We have audited the accompanying balance sheet of the ended. These financial statements are the responsibility of the	• • • • • • • • • • • • • • • • • • • •	, ,	• • •
We conducted our audit in accordance with auditing star whether the financial statements are free of material misstar assessing the accounting principles used and significant estin	tement. An audit includes examining, on a test basis	, evidence supporting the amounts and disclosures in	the financial statements. An audit also includes
In our opinion, the aforementioned financial statements p equity and its cash flows, for the year then ended, in conforming	•		esults of its operations, changes in net assets or
Our audit was made for the purpose of forming an opinion 2; CFR-3; CFR-4; CFR-4A; CFR-5; DMH-1; OMRDD-3; OMRDD-4 reported on the CFR with Document Control Number material respects when considered in relation to the basic fina	; OMH-1; and SED-1 is presented for purposes of addit has been subjected to the auditing	` '' '	cial statements. Such accompanying information
The other information included in this Consolidated Fiscal no opinion thereon.	Report identified by Document Control Number	not detailed in the preceding paragraph, wa	is not audited by us and, accordingly, we express
We have examined the above detailed schedules' conform and Claiming Manual for the year ended June 30, 2006. Mana instructions based upon our examination.			
Our examination was conducted in accordance with attest the CFR schedules' conformity with the applicable instruction Consolidated Fiscal Report and Claiming Manual. We believe	ns and performing such other procedures as we consider	dered necessary in the circumstances including following	
In our opinion, the schedules detailed above are in confor Office of Mental Retardation and Developmental Disabilities, Nune 30, 2006.			
The undersigned hereby certifies this opinion and that w schedules not misleading. The undersigned hereby further statements or the CFR schedules, the disclosure of which is r CFR schedules.	certifies that we will disclose any material fact disco	vered by us which existed at the time of this certificati	on and was not disclosed in the basic financial
During the period of this professional engagement, at the interest or material indirect financial interest in the ownership in any capacity other than as an independent certified public a	or operation of the facility and we were not connected	· · · · · · · · · · · · · · · · · · ·	
This report is intended solely for the information and use report and is not intended to be and should not be used by any		tate governmental funding agencies, and any funding Co	ounties that are required to receive a copy of this
Date CFR-ii Signed	Signature of Independent Accountant, Firm, or So	le Practitioner	CPA Firm Registration Number
*Date of Report (Enter the date of the audit report on the financial statements.)	Firm Name		
	Firm Address		
Telephone Number	Firm Contact Person		