

Please Check State Agency:

- OMH     SED  
 OMRDD  
 OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2006 to June 30, 2007*

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

Page \_\_\_\_\_

AGENCY NAME: _____ AGENCY CODE: _____ SCHOOL CODE: (SED ONLY) _____	USE WHOLE DOLLARS. USE WHOLE HOURS.
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Refer to Appendix R for Position Title Codes and definitions.

Report only program/site specific positions (Position Title Codes 200-399 series).

Position Title Code Appendix R	COLUMN NUMBER										
	PROGRAM CODE (PROGRAM CODE INDEX)	( )		( )		( )		( )		( )	
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
	PROGRAM/SITE ADDRESS (Line One)										
	PROGRAM/SITE ADDRESS (Line Two)										
	COUNTY CODE										
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.