Please Check State Agency: □ OMH □ SED OMRDD □ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2007 to June 30, 2008

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

	Page
VHOLE DOLLARS.	
VHOLE HOURS.	

AGENCY NAME: AGENCY CODE: SCHOOL CODE: (SED ONLY)				USE WHOLE DOLLARS. USE WHOLE HOURS.								
	endix R for Position Title Codes and definitions.											
Report only	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	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	

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

Total "Hours Paid" and "Amount Paid" for Positions.

Note: Keep program columns consistent throughout the CFR document.