## Funding State Agency: ☐ OMH ☐ SED ☐ OMRDD ☐ OASAS

## **NEW YORK STATE**

## CONSOLIDATED FISCAL REPORT For the Period: July 1, 2008 to June 30, 2009

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

											Page
AGENCY N	AME:										
AGENCY C	ODE:										
SCHOOL CO	ODE: (SED ONLY)										
Refer to App	endix R for Position Title Codes and definitions.  program/site specific positions (Position Title Cod	les 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
		-									
		-									
		_									
		_									

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).

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