

Funding State Agency:

- OMH
- OMRDD
- OASAS

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2008 to June 30, 2009*

**SCHEDULE DMH-1**  
**PROGRAM FISCAL**  
**SUMMARY**

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

| Line No. | COLUMN NUMBER<br>ITEM DESCRIPTION             | Cost Codes |     |     |     |     |     |
|----------|-----------------------------------------------|------------|-----|-----|-----|-----|-----|
| 1        | Program Type                                  | 00071      |     |     |     |     |     |
| 2        | Program Code (Program Code Index)             | 00011      | ( ) | ( ) | ( ) | ( ) | ( ) |
|          | <b>UNITS OF SERVICE</b>                       |            |     |     |     |     |     |
| 3        | OMH Units of Service                          | 00121      |     |     |     |     |     |
| 4        | OMRDD Units of Service                        | 00161      |     |     |     |     |     |
| 5        | OASAS Units of Service                        | 00170      |     |     |     |     |     |
|          | <b>EXPENSES*</b>                              |            |     |     |     |     |     |
| 6        | Personal Services                             | 17010      |     |     |     |     |     |
| 7        | Vacation Leave Accruals                       | 17020      |     |     |     |     |     |
| 8        | Fringe Benefits                               | 17030      |     |     |     |     |     |
| 9        | Other Than Personal Services                  | 17040      |     |     |     |     |     |
| 10       | Equipment-Provider Paid                       | 17050      |     |     |     |     |     |
| 11       | Property-Provider Paid                        | 17060      |     |     |     |     |     |
| 12       | Agency Administration                         | 17080      |     |     |     |     |     |
| 13       | Adjustments/Non-Allowable Costs               | 17090      |     |     |     |     |     |
| 14       | Total Adjusted Expenses (Lines 6-12 minus 13) | 17999      |     |     |     |     |     |
|          | <b>REVENUES*</b>                              |            |     |     |     |     |     |
| 15       | Participant Fees (less SSI & SSA)             | 26010      |     |     |     |     |     |
| 16       | SSI & SSA                                     | 26020      |     |     |     |     |     |
| 17       | Home Relief/Public Assistance                 | 26030      |     |     |     |     |     |
| 18       | Medicaid                                      | 26040      |     |     |     |     |     |
| 19       | Medicare                                      | 26060      |     |     |     |     |     |
| 20       | Other Third Parties                           | 26070      |     |     |     |     |     |
| 21       | OMRDD Residential Room and Board/NYS OPTS     | 26080      |     |     |     |     |     |
| 22       | Transportation, Medicaid                      | 26090      |     |     |     |     |     |
| 23       | Transportation, Other                         | 26100      |     |     |     |     |     |
| 24       | Sales: Contract Total                         | 26140      |     |     |     |     |     |
| 25       | Federal Grants (Detail Required)              | 26160      |     |     |     |     |     |

\* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

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| Line No.                                 | COLUMN NUMBER                                   | Cost Codes |     |     |     |     |     |
|------------------------------------------|-------------------------------------------------|------------|-----|-----|-----|-----|-----|
|                                          | ITEM DESCRIPTION                                |            |     |     |     |     |     |
|                                          | Program Type                                    | 00071      |     |     |     |     |     |
|                                          | Program Code (Program Code Index)               | 00011      | ( ) | ( ) | ( ) | ( ) | ( ) |
| 26                                       | State Grants (Detail Required)                  | 26190      |     |     |     |     |     |
| 27                                       | LTSE Income Total (OMH and OMRDD only)          | 26220      |     |     |     |     |     |
| 28                                       | Food Stamps (OASAS Only)                        | 26240      |     |     |     |     |     |
| 29                                       | Net Deficit Funding (State & LGU Funding only)* | 26110      |     |     |     |     |     |
| 30                                       | Other (Detail Required)                         | 26230      |     |     |     |     |     |
| 31                                       | Total Gross Revenues (Sum Lines 15-30)          | 26999      |     |     |     |     |     |
| <b>GAAP ADJUSTMENTS TO REVENUE**</b>     |                                                 |            |     |     |     |     |     |
| 32                                       | Participant Allowance                           | 27010      |     |     |     |     |     |
| 33                                       | Uncollectible Accounts Receivable               | 27040      |     |     |     |     |     |
| 34                                       | Other (Detail Required)                         | 27045      |     |     |     |     |     |
| 35                                       | Total GAAP Adjustments (Sum Lines 32-34)        | 27049      |     |     |     |     |     |
| 36                                       | Net GAAP Revenues (Line 31 minus 35)            | 27025      |     |     |     |     |     |
| <b>NON-GAAP ADJUSTMENTS TO REVENUE**</b> |                                                 |            |     |     |     |     |     |
| 37                                       | Exempt Contract Income                          | 27050      |     |     |     |     |     |
| 38                                       | Exempt LTSE Income                              | 27060      |     |     |     |     |     |
| 39                                       | Net Deficit Funding***                          | 27070      |     |     |     |     |     |
| 40                                       | Other (Detail Required)                         | 27080      |     |     |     |     |     |
| 41                                       | Total NON-GAAP Adjustments (Sum Lines 37-40)    | 27998      |     |     |     |     |     |
| 42                                       | Subtotal Adj. to Revenue (Sum Lines 35 & 41)    | 27999      |     |     |     |     |     |
| 43                                       | Total Net Revenues (Line 31 minus 42)           | 28999      |     |     |     |     |     |
| 44                                       | Net Operating Cost (Line 14 minus 43)           | 29999      |     |     |     |     |     |

\* Do not include non-funded or voluntary contributions.

\*\* These amounts are the program type totals for all program/sites aggregated from Schedule CFR-1. This does not apply to agencies filing abbreviated CFR forms.

\*\*\* Amounts should equal the corresponding amounts reported as revenue on line 29 above.