Funding State Agency:

□ OMH □ SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2009 to December 31, 2009

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

Page _____

	AME:										
AGENCY C	ODE:										
SCHOOL C	ODE: (SED ONLY)										
Refer to App	pendix R for Position Title Codes and definitions.										
Report only program/site specific positions (Position Title Codes 200-399 series).											
	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								
Total "Hours Paid" and "Amount Paid" for Positions.											

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