Funding State Agency: ☐ OMH ☐ SED ☐ OPWDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2012 to December 31, 2012

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

□ OASAS										PERSONAL SERVICES	
											Page
AGENCY NAME:											
AGENCY CODE:											
SCHOOL CODE: (SED ONLY)											
Refer to Appendix R for Position Title Codes and definitions. Report only program/site specific positions (Position Title Codes 200-399 series).											
ricport omy	COLUMN NUMBER		C1103).								-
	PROGRAM CODE (PROGRAM CODE INDEX)	()		()		()		()		()	
	PROGRAM/SITE IDENTIFICATION NUMBER		·		·		·		į		
	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
Total "Hours Paid" and "Amount Paid" for Positions.											

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