Funding State Agency: ☐ OMH ☐ SED ☐ OPWDD

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2011 to June 30, 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).											
	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
											<u> </u>
Total "Hours Paid" and "Amount Paid" for Positions.											

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