## **NEW YORK STATE** Funding State Agency: □ □ CONSOLIDATED FISCAL REPORT

SCHEDULE CFR-4A CONTRACTED DIRECT

OMH	SED For the Period: July 1, 2017 to June 30, 2018							CARE AND CLINICAL PERSONAL SERVICES			
OPWDD											Page
AGENCY N	AME:										
AGENCY C	ODE:										
	ODE: (SED ONLY)										
	pendix R for Position Title Codes and definitions.  v program/site specific positions (Position Title Cod	es 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	0001111 0002	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
	Position Title										
Total "Hours	 s Paid" and "Amount Paid" for Positions.										
TOTAL HOURS	Fraid and Amount Faid 101 Positions.		1								

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

CFR-4A Aug. 2018

Rev.