Please Check State Agency: □ SED □ OMH OMRDD □ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2007 to December 31, 2007

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

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											Page
AGENCY N							USE WHOL	E DOLLARS.			
AGENCY CODE:				USE WHOLE HOURS.							
SCHOOL CO	ODE: (SED ONLY)										
Refer to App Report only	endix R for Position Title Codes and definitions. program/site specific positions (Position Title Code)	es 200-399 s	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	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.											

Transfer totals to Schedule CFR-1 Line 35 (Program/Site).

Note: Keep program columns consistent throughout the CFR document.