**Please Check State Agency:**
- [ ] OMH
- [ ] OPWDD
- [ ] OASAS
- [ ] SED

**NEW YORK STATE**

**SA-111 SUPPLEMENTAL SCHEDULES**

**Schedule 8D (CFR-4A)**

**CONTRACTED DIRECT**

**CARE AND CLINICAL**

**PERSONAL SERVICES**

---

**AGENCY NAME:**

**AGENCY CODE:**

**SCHOOL CODE:** (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

Refer to Appendix D for Position Title Codes and definitions.

Report only program/site specific positions (Position Title Codes 200-399 series).

<table>
<thead>
<tr>
<th>COLUMN NUMBER</th>
<th>PROGRAM CODE (PROGRAM CODE INDEX)</th>
<th>PROGRAM/SITE IDENTIFICATION NUMBER</th>
<th>PROGRAM/SITE NAME</th>
<th>PROGRAM/SITE ADDRESS (Line One)</th>
<th>PROGRAM/SITE ADDRESS (Line Two)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Position Title Code</td>
<td>COUNTY CODE</td>
<td>Hours Paid</td>
<td>Amount Paid</td>
<td>Hours Paid</td>
<td>Amount Paid</td>
</tr>
<tr>
<td>e</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

**Position Title**

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**Total Hours Paid and Amount Paid for Positions.**

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

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**CFR-4A**

**Rev. 26-Sep-16**