Funding State Agency:
☐ OMH ☐ SED
☐ OPWDD
☐ OASAS

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2015 to June 30, 2016

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

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).

Position Title Code Appendix R											
	COLUMN NUMBER										
	PROGRAM CODE (PROGRAM CODE INDEX)		( )		( )		( )		( )		( )
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
	PROGRAM/SITE ADDRESS (Line One)										
	PROGRAM/SITE ADDRESS (Line Two)										
	COUNTY CODE										
	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).