### NEW YORK STATE

**FUNDING STATE AGENCY:**
- OMH  SED
- OPWDD  DOH
- OASAS  OCFS

**CONSOLIDATED FISCAL REPORT**

*For the Period: July 1, 2020 to June 30, 2021*

**SCHEDULE CFR-4A**

**CONTRACTED DIRECT**

**CARE AND CLINICAL**

**PERSONAL SERVICES**

---

**AGENCY NAME:**

**AGENCY CODE:**

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

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Refer to Appendix R 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>
<th>COUNTY CODE</th>
<th>Position Title</th>
<th>Hours Paid</th>
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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.**

**July 2021**