

_____ OMH _____ SED
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NEW YORK STATE CONSOLIDATED FISCAL REPORT

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

Page _____

AGENCY NAME: _____	USE WHOLE DOLLARS.
AGENCY CODE: _____	USE WHOLE HOURS.
SCHOOL CODE: (SED ONLY) _____	

Refer to Appendix R for Position Title Codes and definitions. Report only "1099" individuals on this schedule.

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

[illegible]

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

Note: Keep program columns consistent throughout the CFR document.