## Please Check State Agency: OMH OMRDD NEW YORK STATE CONSOLIDATED FISCAL REPORT For the Period: January 1, 2000 to December 31, 2000

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).

OASAS

Position	COLUMN NUMBER										
Title Code	PROGRAM CODE										
Appendix	PROGRAM/SITE IDENTIFICATION NUMBER										
R	Position Title	Hours Paid	Amount Paid								
Total "Amou	nt Paid" for Positions.										

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

Note: Keep program columns consistent throughout the CFR document.