OASAS		
OMH	**NEW YORK STATE**	**SCHEDULE CQR-1**
OMRDD	**CONSOLIDATED FISCAL REPORTING SYSTEM**	**AGENCY QUARTERLY**

NEW YORK STATE
CONSOLIDATED FISCAL REPORTING SYSTEM

SCHEDULE CQR-1

AGENCY QUARTERLY

FISCAL SUMMARY

Consolidated Quarterly Report
Fiscal Period: 01/01/05 - 12/31/05

QUARTER REPORTED (Please Check):

_____1st _____2nd _____3rd _____Mid-Year _____Final   REVISION #_____   Page _____

AGENCY NAME:_____   AGENCY CODE: _____   LGU:_____

PREPARED BY:_____   COUNTY NAME AND CODE: _____ (   )   LGU APPROVAL BY:_____

TELEPHONE:_____   **USE WHOLE DOLLARS ONLY**

Line No.	COLUMN NUMBER — ITEM DESCRIPTION	1 — STATE AGENCY APPROVED BUDGET	2 — SERVICE PROVIDER YEAR-TO-DATE TOTAL	3 — SERVICE PROVIDER TOTAL FOR THIS QUARTER	4 — PROGRAM TYPE ( ) CODE	INDEX	5 — PROGRAM TYPE ( ) CODE	INDEX	6 — PROGRAM TYPE ( ) CODE	INDEX	7 — PROGRAM TYPE ( ) CODE	INDEX
	ACCOUNTING METHOD →											
	EXPENSES											
1	Personal Services											
2	Vacation Leave Accruals											
3	Fringe Benefits											
4	Other Than Personal Services											
5	Equipment-Provider Paid											
6	Property-Provider Paid											
7	Agency Administration											
8	Adjustments/Non-Allowable Costs											
9	**Total Expenses (Lines 1-7 minus 8)**											
	REVENUES											
10	Please Check if Participant Specific Revenue Methodology is Used (OMRDD Only) → → → → → →											
11	Medicaid Revenue											
12	Non-Medicaid Revenue											
13	**Total Revenues (Lines 11-12)**											
14	**NET OPERATING COSTS (Line 9 minus 13)**											

Line No.	**MISCELLANEOUS**											
15	State Contract Number / LGU Contract Number *											
16	Total Persons Served (OMH Only)											
17	Total Units of Service											
18	Gross Cost Per Unit											
19	Net Cost Per Unit											
20	Workshop Contract Sales (Direct)											
21	Local Government (OASAS Only)											
22	Voluntary Contributions (OASAS Only)											

* For direct contracts enter the State contract number. For local county contract enter the local county contract number.

	OASAS
☐	
☐	OMH
☐	OMRDD

NEW YORK STATE
CONSOLIDATED FISCAL REPORTING SYSTEM

SCHEDULE CQR-1

AGENCY QUARTERLY

Consolidated Quarterly Report
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Page _____

AGENCY NAME:_____ AGENCY CODE: _____ LGU:_____

PREPARED BY:_____ COUNTY NAME AND CODE: _____ ( ) LGU APPROVAL BY:_____

TELEPHONE:_____

USE WHOLE DOLLARS ONLY

	COLUMN NUMBER	1	2	3	4 PROGRAM TYPE ( )		5 PROGRAM TYPE ( )		6 PROGRAM TYPE ( )		7 PROGRAM TYPE ( )	
Line No.	ITEM DESCRIPTION	STATE AGENCY APPROVED BUDGET	SERVICE PROVIDER YEAR-TO-DATE TOTAL	SERVICE PROVIDER TOTAL FOR THIS QUARTER	CODE	INDEX	CODE	INDEX	CODE	INDEX	CODE	INDEX
23	**A. Funding Code**											
24	Direct Contract # (If Applicable)											
25	Local Contract # (If Applicable)											
26	No. Persons Served (OMH Only)											
27	Units of Service											
28	Total Expenses											
29	Revenue:Medicaid											
30	Revenue:Other											
31	Total Revenues											
32	Net Operating Costs											
33	**B. Funding Code**											
34	Direct Contract # (If Applicable)											
35	Local Contract # (If Applicable)											
36	No. Persons Served (OMH Only)											
37	Units of Service											
38	Total Expenses											
39	Revenue:Medicaid											
40	Revenue:Other											
41	Total Revenues											
42	Net Operating Costs											
43	**C. Funding Code**											
44	Direct Contract # (If Applicable)											
45	Local Contract # (If Applicable)											
46	No. Persons Served (OMH Only)											
47	Units of Service											
48	Total Expenses											
49	Revenue:Medicaid											
50	Revenue:Other											
51	Total Revenues											
52	Net Operating Costs											
53	**D. Funding Code**											
54	Direct Contract # (If Applicable)											
55	Local Contract # (If Applicable)											
56	No. Persons Served (OMH Only)											
57	Units of Service											
58	Total Expenses											
59	Revenue:Medicaid											
60	Revenue:Other											
61	Total Revenues											
62	Net Operating Costs											