## Please Check State Agency:

## **NEW YORK STATE**

**SCHEDULE CFR-4A** 

OMRD OASAS		For the Period: July 1, 2000 to June 30, 2001									CONTRACTED DIRECT CARE AND CLINICAL PERSONAL SERVICES Page	
AGENCY NA	AME:		USE WHOLE									
AGENCY CO	DDE:		US						E HOURS.			
	DDE: (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).												
Position	COLUMN NUMBER											
Title Code	PROGRAM CODE											
Appendix	PROGRAM/SITE IDENTIFICATION NUMBER											
R	Position Title	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	
										-		
											-	
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Total "Amount Paid" for Positions. Transfer totals to Schedule CFR-1 Line 35 (Program/Site).

Note: Keep program columns consistent throughout the CFR document.