Please Check State Agency: ☐ OMH ☐ SED ☐ OMRDD Fo

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2003 to June 30, 2004

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

□ OASA	AS	, o. a.e., oea. va.y ., 2000 to ca oo, 2007								PERSONAL SERVICES	
											Page
AGENCY NA	AME:		USE WHOLE DOLLARS								
AGENCY CO	DDE:		USE WHOLE HOURS.								
SCHOOL CO	DDE: (SED ONLY)										
	endix R for Position Title Codes and definitions. Report program/site specific positions (Position Title Code			s schedule.							
	COLUMN NUMBER		·								
	PROGRAM CODE (PROGRAM CODE INDEX)		()		()		()		()		()
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
Position	PROGRAM/SITE ADDRESS (Line One)										
Title Code	PROGRAM/SITE ADDRESS (Line Two)										
Appendix	COUNTY CODE										
R	Position Title	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
Total "Amount Paid" for Positions.											1

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

Note: Keep program columns consistent throughout the CFR document.