

☐ OMH ☐ SED
☐ OMRDD
☐ OASAS

NEW YORK STATE CONSOLIDATED FISCAL REPORT

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

Page _____

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

<div> <div>Position</div> <div>Title Code</div> <div>Appendix R</div> </div>	COLUMN NUMBER										
	PROGRAM CODE (PROGRAM CODE INDEX)	()		()		()		()		()	
	PROGRAM/SITE IDENTIFICATION NUMBER										
	PROGRAM/SITE NAME										
	PROGRAM/SITE ADDRESS (Line One)										
	PROGRAM/SITE ADDRESS (Line Two)										
	COUNTY CODE										
	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.											

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

Note: Keep program columns consistent throughout the CFR document.