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

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: July 1, 2004 to June 30, 2005

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

						Page			
AGENCY N	AME:			USE WHOLE DOLLARS.					
AGENCY CODE:				USE WHOLE HOURS.					
SCHOOL CO	ODE: (SED ONLY)								
	pendix R for Position Title Codes and definitions. Report program/site specific positions (Position Title Code	•	is schedule.						
	COLUMN NUMBER								

Refer to App	pendix R for Position Title Codes and definitions. Report program/site specific positions (Position Title Code)	t only "1099" Se 200 -300 se	individuals on th	is schedule.							
Keport only	COLUMN NUMBER	55 200-333 50	eries).								
	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
	T COMOTI TIME	- uiu	i uiu	ı ala	. uiu	- i uiu	i did	ı ala	. uiu	- ala	
Total "Amount Paid" for Positions.									_		

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

Note: Keep program columns consistent throughout the CFR document.