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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 1999 to June 30, 2000

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

AGENCY NAME:_____
AGENCY CODE:_____
SCHOOL CODE: (SED ONLY) __ __ __ __ __ __ __ __ __ __ __ __

USE WHOLE DOLLARS.
USE WHOLE HOURS.

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 Title Code Appendix R	COLUMN NUMBER										
	PROGRAM CODE										
	PROGRAM/SITE IDENTIFICATION NUMBER										
	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.