Funding State Agency:
- ☐ OMH ☐ SED
- ☐ OPWDD
- ☐ OASAS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT

For the Period: January 1, 2017 to December 31, 2017

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

Page _____

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

Refer to Appendix R for Position Title Codes and definitions.
Report only program/site specific positions (Position Title Codes 200-399 series).

Position Title Code Appendix R	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 "Hours Paid" and "Amount Paid" for Positions.											

Totals are transferred to Schedule CFR-1 Line 35 (Program/Site).