Please Check State Agency:

□ OMH □ SED

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2006 to December 31, 2006

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

Page _____

AGENCY NAME:				USE WHOLE DOLLARS.							
AGENCY C	ODE: ODE: (SED ONLY)							USE WHOL	.E HOURS.		
Refer to App	pendix R for Position Title Codes and definitions. program/site specific positions (Position Title Cod		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										1
R	Position Title	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid	Hours Paid	Amount Paid
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Total "Hours Paid" and "Amount Paid" for Positions.											

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

Note: Keep program columns consistent throughout the CFR document.