Funding State Agency:

□ OASAS □ OCFS

NEW YORK STATE

CONSOLIDATED FISCAL REPORT For the Period: January 1, 2019 to December 31, 2019 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).											
	COLUMN NUMBER										
	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 R	COUNTY CODE										
	Position Title	Hours Paid	Amount Paid								
-											
-											
			1								
Total "Hours	Paid" and "Amount Paid" for Positions.										

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

CFR-4A Jan. 2020

Rev.