

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

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2016 to June 30, 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).

[illegible]

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

Rev.

CFR-4A
July 2017