Western New York DDSO

3660242

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016				
Contracting State Agency Name: Office for People with Developmental Disabilities Contract Number: C-VVS 2529 Agency Business Unit: OPD01 Contract Term: 1/1/15 to 17/31/15 Agency Department ID: 3660242 Contractor Name: Chartaugua Opportunities Inc Contractor Address: 17 W. Courtney St Dunkirk, Ny 14048 Description of Services Being Provided: Provision of home care services Assisted support for in-home respite waiver.				
Scope of Contract (Choose one that best fits): Analysis				
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
Kersonal Care Aides for Developmentally Disabled	18	639	\$ 10,805	
Total this Page				
Grand Total				
Name of person who prepared this re Title: Health Services Coord Preparer's Signature: Am Mo	dinator	Phone #:	716 366 333 <i>5</i>	
(Use additional pages, if necessary)			Page of	

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: January 1, 2016 to March 31, 2016

Contracting State Agency Name: Off Contract Number: 523040 Contract Term: 1/1/2016 to 12/31/ Contractor Name: Joy Kreeger Contractor Address: 484 Main Street	2020	Agency Business U Agency Departmen	Init: OPD01	
Description of Services Being Provide				
		TATALONINE		
			749.77	
Scope of Contract (Choose one that best fits): Analysis				
☐ Accounting ☐ Auditing ☐ Pal	ralegal Le	gal	iting	
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract	
mental Health Services		241.75	45 105.72	
		40		
		-3.88		
	19(1)		19.000	
	*,			
Total this Page				
Grand Total	1	241.75	NS 105 72	
Name of person who prepared this re Title: OFFICE Manager Preparer's Signature: Approximately Date Prepared: \$111116	0 1	Kujava	7/6-805-1717	

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, 2015 to March 31, 2016

Contracting State Agency Name: Of	ffice for People	with Developmental [Disabilities			
Contract Number: \$230417	Contract Number: \$230417 Agency Business Unit: OPD01					
Contract Term: 1/1/12 to 3	131116	Agency Departmer				
Contractor Name: CAsa Caracter State Contractor Name: Caracter State						
Contractor Address: 5 HIDDEN	Contractor Address: SHIDDEN MEADOW OPEHARD PARKING 19127					
Description of Services Being Provide	led: MEHTA	HE HEALTH				
	EVALU	lations & MED	MANAGEMENT			
Scope of Contract (Choose one that best fits): Analysis Evaluation Research Training						
☐ Data Processing ☐ Computer Programming ☐ Other IT consulting						
☐ Engineering ☐ Architect Services			I Consissa			
☐ Health Services ☐ Mental Health		9	i Services			
	aralegal Le	gal	ultina			
			T			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract			
PSYCHI ATRIST	1	4-8hojush	4165/h			
			77.01.1			
			The state of the s			
Total this Page)	4-8 m/wh	8/19 - 8/322			
Grand Total	1	4-8 6/64	\$669 - 91320 \$660 - 8 1320 \$23,759 50			
		V //	611375959			
Name of person who prepared this re	port:		\$25,137 Em			
Title: PSY 441 AT 145T		Phone #	716-725-5327			
Preparer's Signature: <u>landhherana</u>						
Date Prepared:8 12/15		**************************************				
71.1						

Name of person who prepared this repo	ort:
	acistivser
Title: PSYCHIATRIST	Phone #: 716-652-6527
Date Prepared: 5 15116	110 00 1 - 60 2 /

Use additional pages if necessary)

Page of