

**FORM A**

CUG

**New York State Consultant Services  
Contractor's Planned Employment**  
From Contract Start Date Through the End of the Contract Term

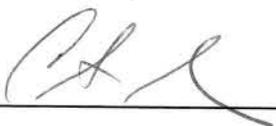
State Agency Name: NYS OPWDD: Hudson Valley DDSOO  
 State Agency Department ID: 3660236 Agency Business Unit: 51210  
 Contractor Name: AccentCare of New York, Inc. Contract Number: C0SHV00124  
 Contract Start Date: 5/1/2018 Contract End Date: 4/30/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	5.00	800.00	\$18,873.98
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	5.00	800.00	\$18,873.98
<b>Grand Total</b>	5.00	800.00	\$18,873.98

Name of person who prepared this report: Christina Palumbo

Title: CMS I

Phone #: (845) 877-6821  
x.3704

Preparer's Signature: 

Date Prepared: 4/1/2018