

**ATTACHMENT H  
Consultant Disclosure Form A**

**OSC Use Only:**  
Reporting Code:  
Category Code:  
Date Contract Approved:

**FORM A**

**State Consultant Services - Contractor's Planned Employment  
From Contract Start Date Through The End Of The Contract Term**

State Agency Name: NYS Office of Mental Health Agency Code: 3650000  
Contractor Name: Staff Care, Inc. - Dr. D. Garcia-Moreno Contract Number: OMH01-  
CM100199AA-3650201  
Contract Start Date: 1/11/2021 Contract End Date: 5/31/2021 with Optional 1yr  
Renewal 6/1/21-5/31/22

| Employment Category <sup>1</sup> | Number of Employees | Number of hours to be worked | Amount Payable Under the Contract |
|----------------------------------|---------------------|------------------------------|-----------------------------------|
| 29-1066-00                       | 1                   | 400                          | \$94,000.00                       |
|                                  |                     |                              |                                   |
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| Total this page                  | 0                   | 0                            |                                   |
| Grand Total                      | 1                   | 400                          | \$94,000.00                       |

Name of person who prepared this report: Jessica McDonald  
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Preparer's Signature: 

Date Prepared: 12/18/2020

1. (Note: Access the O\*NET database, which is available through the US Department of Labor's Employment and Training Administration, on-line at [online.onetcenter.org](http://online.onetcenter.org) to find a list of occupations.)