FORM A

OPD01-C0SCD00138-3660233

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: Capital District DDSOO
State Agency Department ID: 3660233
Agency Business Unit: 51290
Contractor Name: All Metro Home Care Services of New York, Inc. D.B.A. All Metro Health Care
Contract Number: C0SCD00138
Contract Start Date: 6/1/2018
Contract End Date: 5/31/2023

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
Hospital Sitter	4.00	1,750.00	$37,163.95
LPN	0.00	0.00	$0.00
RN	0.00	0.00	$0.00
RN Case Managment	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	4.00	1,750.00	$37,163.95
Grand Total	4.00	1,750.00	$37,163.95

Name of person who prepared this report: Christina Palumbo

Title: CMS I

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Preparer's Signature: _____

Date Prepared: 4/23/2018

(Use additional pages, if necessary)