

Finger Lakes Developmental
Disabilities Service Office
3660235

FORM B

**New York State Consultant Services
Contractor's Annual Employment Report**
Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Finger Lakes DDSOO
 Contract Number: C0SFL00543 Agency Business Unit: 51780
 Contract Term: 01/01/2023 to 12/31/2027 Agency Department ID: 3660235
 Contractor Name: Horizon Health Care Staffing Corp.
 Contractor Address: 20 Jerusalem Avenue, 3rd Floor, Hicksville, NY 11801
 Description of Services Being Provided: Patient Companion

Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Patent Companion	2 0.00	101 0.00	2496.72 \$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	0.00	0.00	\$ 0.00
Grand Total	2	101.00	2496.72

Name of person who prepared this report: Nancy Goldstein MA RNC
 Title: Vice President
 Preparer's Signature: *Nancy Goldstein* Phone #: 516 326 2020 x413
 Date Prepared: 4/17/26

Contractor's Annual Employment Report

Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Finger Lakes DDSOO
 Contract Number: C0SFL00645 Agency Business Unit: 51780
 Contract Term: 09/01/2023 to 08/31/2028 Agency Department ID: 3660235
 Contractor Name: New Hartford Psychiatric Services

Contractor Address: 238 Oriskany Blvd, Whitesboro, NY 13492
 Description of Services Being Provided: Psychiatry

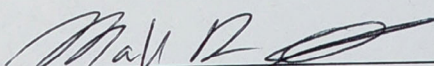
Scope of Contract (Choose one that best fits):

- Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
	8.00	826.75	\$305900.00
	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	8.00	826.75	\$ 305900.00
Grand Total	8	826.75	305900.00

Name of person who prepared this report: Mark R Cephas

Title: Dir. Of Finance

Preparer's Signature: 

Phone #: (715)697-8161

FORM B

New York State Consultant Services
Contractor's Annual Employment Report
 Report Period: April 1, 25 to March 31, 26

Contracting State Agency Name: OPWDD - Finger Lakes DDSOO
 Contract Number: C0SFL00847 Agency Business Unit: 51780
 Contract Term: 07/01/2025 to 06/30/2030 Agency Department ID: 3660235
 Contractor Name: Joseph A. DePra, Physician, PLLC
 Contractor Address: 151 Pennsylvania Hill Road, Hornell, NY 14843
 Description of Services Being Provided: Medical

Scope of Contract (Choose one that best fits):
 Analysis Evaluation Research Training
 Data Processing Computer Programming Other IT consulting
 Engineering Architect Services Surveying Environmental Services
 Health Services Mental Health Services
 Accounting Auditing Paralegal Legal Other Consulting

Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Administrative assistant	1	8 per week	\$12,480 (2025 W-2)
	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	1	0.00	\$12,480
Grand Total	1		\$12,480

Name of person who prepared this report: Joseph A DePra MD

Title:

Phone #: 585-233-8713

Preparer's Signature:  _____

Date Prepared: 4/8 / 2026