

NEW YORK STATE  
CONSOLIDATED QUARTERLY REPORT  
For the Period: 01/01/11 - 12/31/11

SCHEDULE CQR-i  
AGENCY IDENTIFICATION  
AND CERTIFICATION STATEMENT

QUARTERLY

Page \_\_\_\_\_

AGENCY NAME: \_\_\_\_\_  
AGENCY ADDRESS: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_  
COUNTY NAME: \_\_\_\_\_  
COUNTY CODE: \_\_\_\_\_

TYPE OF OWNERSHIP:  
NOT-FOR-PROFIT: \_\_\_\_\_  
PROPRIETARY: \_\_\_\_\_  
GOVERNMENTAL: \_\_\_\_\_

Please check the box if the agency address changed from the prior reporting period.

Person to Contact with Regard to Questions Concerning this Report:

FEDERAL EMPLOYER ID NUMBER: \_\_\_\_\_

\_\_\_\_\_  
Name Telephone Number ( )

CHECK THE STATE AGENCY(IES): OASAS \_\_\_\_\_  
OMH \_\_\_\_\_  
OPWDD \_\_\_\_\_

\_\_\_\_\_  
Title

SUBMISSION TYPE: **QUARTERLY**

\_\_\_\_\_  
E-mail Address FAX Number ( )

QUARTER REPORTED (Please Check):  
\_\_\_\_ 1st \_\_\_\_ 2nd \_\_\_\_ 3rd \_\_\_\_ Mid-Year \_\_\_\_ Final Revision # \_\_\_\_\_

Please check the box if the person to contact changed from the prior reporting period.

\_\_\_\_\_  
Date Prepared

MISREPRESENTATION OF ANY INFORMATION CONTAINED IN THIS REPORT MAY BE PUNISHABLE BY FINE AND/OR IMPRISONMENT UNDER NEW YORK STATE LAW.

CERTIFICATION STATEMENT

I HEREBY CERTIFY THAT I HAVE READ AND UNDERSTAND THE ABOVE STATEMENT, THAT THE INFORMATION FURNISHED IN THIS REPORT HAS BEEN COMPLETED IN ITS ENTIRETY, AND IS IN ACCORDANCE WITH THE INSTRUCTIONS AND IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE. I FURTHER ATTEST TO THE FACT THAT THERE ARE RECORDS AND ALLOCATION WORKSHEETS TO SUPPORT ALL THE INFORMATION CONTAINED HEREIN, IN THE CUSTODY OF THE ABOVE NAMED SPONSORING AGENCY. I ACKNOWLEDGE THAT THE DEPARTMENT OF MENTAL HYGIENE, OR ANY OF ITS OFFICES OR DIVISIONS, OR THE STATE EDUCATION DEPARTMENT, OR ANY OF ITS OFFICES OR DIVISIONS, MAY REJECT THIS REPORT IF IT HAS NOT BEEN FULLY, OR ACCURATELY COMPLETED.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name and Title

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Signature of Chief Executive Officer

Please check the box if the Chief Executive Officer changed from the prior reporting period.

PLEASE NUMBER ALL PAGES CONSECUTIVELY. LIST THE NUMBER OF PAGES SUBMITTED: \_\_\_\_\_