Veterans' Home at Montrose 3450241

FORM B

New York State Consultant Services Contractor's Annual Employment Report

Report Period: April 1, to March 31,

The same of the sa			
Contracting State Agency Name: Contract Number: Contract Term: 4/01/2019 to 4 / 1 / 2024 Agency Department ID: Contractor Name: Preferred Therapy Solutions Contractor Address: 850 Silas Deane Hwy, Wethersfield, CT06109 Description of Services Being Provided: Therapy Services			
Scope of Contract (Choose one that best fits): Analysis			
Employment Category	Number of Employees	Number of Hours Worked	Amount Payable Under the Contract
Physical/Occupational/Speech Therap		21790.45 0.00	760,698.97 \$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
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
Total this Page	0.00	0.00	\$ 0.00
Grand Total			
Name of person who prepared this re Title: VP HR Preparer's Signature: Date Prepared: 5 / 13 2022	port: Sam Vogt	Phone #:	860-610-0400

(Use additional pages, if necessary)