FORM A

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 Hudson Valley DDSOO

State Agency Department ID: 3660236 Agency Business Unit: 51450

Contractor Name: Joy Professional Home Care

Services LLC Contract Number: C0SHV00567
Contract Start Date: 5/1/2023 Contract End Date: 4/30/2028

Employment Category	Number of Employees	Number of Hours to be Worked	Amount Payable Under the Contract
624120	0.00	5220	\$153,954.37
	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
	0.00	0.00	\$0.00
	0.00	0.00	\$0.00
Total this Page	0.00	5,220.00	\$153,954.37
Grand Total	0.00	5,220.00	\$153,954.37

	epared this report: Kyle Newton	D
Title: CMS, 1	2	Phone #: 845-877-6821x3219
Preparer's Signature: _	100	
Date Prepared: 12/22/20)22	