

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2007 to December 31, 2007

SCHEDULE OMH-3
CLIENT
INFORMATION

Page _____

AGENCY NAME: _____
AGENCY CODE: _____

Line No.	COLUMN NUMBER	()	()	()	()	()
	PROGRAM CODE (PROGRAM CODE INDEX)	()	()	()	()	()
	PROGRAM TYPE					
	PROG/SITE ID. #					
	PERSONS SERVED DURING THE YEAR					
1	Persons on Rolls, Beginning of Year					
2	New Persons added to Rolls					
3	Persons Removed from Rolls					
4	Persons on Rolls, End of Year					