

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2009 to December 31, 2009

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				