

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2014 to December 31, 2014*

**SCHEDULE OMH-3**  
**CLIENT**  
**INFORMATION**

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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				
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2	New Persons added to Rolls				
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3	Persons Removed from Rolls				
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4	Persons on Rolls, End of Year				
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