

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2010 to December 31, 2010*

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

AGENCY NAME: \_\_\_\_\_  
 AGENCY CODE: \_\_\_\_\_

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