

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: July 1, 2014 to June 30, 2015

SCHEDULE OMH-3
CLIENT
INFORMATION

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				