

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2007 to June 30, 2008*

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