

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