NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2008 to December 31, 2008

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					