

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: January 1, 2016 to December 31, 2016*

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

Page \_\_\_\_\_

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>					

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