

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2015 to December 31, 2015

SCHEDULE OMH-3
CLIENT
INFORMATION

Page _____

AGENCY NAME:	
AGENCY CODE:	

	COLUMN NUMBER				
Line No.	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				