

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
*For the Period: July 1, 2019 to June 30, 2020*

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

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				