

**NEW YORK STATE**  
**CONSOLIDATED FISCAL REPORT**  
For the Period: January 1, 1999 to December 31, 1999

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

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AGENCY NAME: \_\_\_\_\_

AGENCY CODE: \_\_\_\_\_

Line No.	COLUMN NUMBER					
	PROGRAM CODE					
	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					