

NEW YORK STATE
CONSOLIDATED FISCAL REPORT
For the Period: January 1, 2001 to December 31, 2001

SCHEDULE OMH-3
CLIENT
INFORMATION

Page _____

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					