Child Information					Child Participant Use of Services		Direct Service Pr	Notes (Optional)
Child Program Participant Unique ID	**Household ID**	**Child Age**	**County of residence**	**Zip code of Residence**	**Number of services referrals received by child participant**	**Number of services that child participant was referred to and has used this FY or is currently used**	**Is this child currently receiving medical services in relation to this activity or have they received medical services during this FY?**	**Optional Notes**
child_information.child_	child_information.house	child_information.child_	child_information.county	child_information.zip_c	childpart_useof_svcs.nu	childpart_useof_svcs.nu	direct_service_prov.chi	notes.optional_notes
Data Entry Type: Unique ID	All participants should have a household id. If participants are part of the same family or household they should have the same household id. Participants do not have to live at the same address to be considered part of the same family or household. For example: A parent brings a child to a session and then on another date an elder relative brings the same child. They can all be counted as part of the same family or household.	Data Entry Type: Whole Number, Max value of 5. Please report child's age at initial time of service or beginning of this FY if they received services across two FYs	Data Entry Type: Drop Down, All NC Counties	Data Entry Type: Zip Code, Standard 5 digit format examples 27607, 27127, 27403	Data Entry Type: Whole Number	Data Entry Type: Whole Number	Data Entry Type: Drop Down, Yes|No	Data Entry Type: Text.