FY25-26

Child Information				Child Participant Use of Services		Direct Service Provision	Notes (Optional)
Child Program Participant Unique 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_program_participant_unique_id	child_information.child_age	child_information.county_of_residence	child_information.zip_code_of_residence	childpart_useof_svcs.number_svcs_referrals_received_by_child	childpart_useof_svcs.num_services_child_referred_to_used_fy	direct_service_prov.child_receiving_medical_services	notes.optional_notes
Data Entry Type: Unique ID	Data Entry Type: Whole Number, Max value of 6 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.

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