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 Mental Health services in relation to this activity or have they recieved Mental Health services during this FY?**	**Optional Notes**
child_info_cac.child_pro	child_info_cac.house	child_info_cac.child_ag	child_info_cac.county_c	child_info_cac.zip_code	childpart_useof_svcs.nu	childpart_useof_svcs.nu	direct_svc_provision.ch	notes.optional_notes
Data Entry Type: Unique ID		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.