

Direct Service Pr	Dosage and Delivery			Notes (Optional)
Is this parent currently receiving mental health services in relation to this activity or have they received mental health services during this FY?	Number of Sessions This FY	Number of Sessions from past FYs	Indicate the Delivery Mode of Sessions	Optional Notes
direct_svc_provision.pa	dosage_and_delivery.n	dosage_and_delivery.n	dosage_and_delivery.ir	notes.optional_notes
Data Entry Type: Drop Down, Yes No	Data Type: Whole Number, Max of 104 Please indicate the total number of sessions attended by the participant <u>during</u> this FY. Depending on the model, this could be homevisits, seminars, group meetings, etc.	Data Type: Whole Number, Max of 500 How many sessions did the participant attend in previous FYs (before July 1 of this FY), if they were part of the program in a previous FY? If they were not part of the program previously, please indicate 0-zero in this column. If you do not know if they participated previous please leave blank and add a note in that column to explain.	Data Entry Type: Drop Down, Only Virtual Only In-Person Hybrid (a mix of in-person and virtual sessions)	Data Entry Type: Text.