Child Information				Child Participant Use	of Services	Direct Service Provisi	Notes (Optional)
	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 dental services in relation to this activity or have they recieved dental services during this FY?	Optional Notes
child_information.child_pr ogram_participant_unique id	child_information.child_age	child_information.county_ of residence	child_information.zip_c ode_of_residence	childpart_useof_svcs.numbe r_svcs_referrals_received_b y_child		direct_service_prov.child_rec	notes.optional notes
	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	Data Entry Type: Whole Number	Data Entry Type: Drop Down, Yes No	