Child Information			Child Participant Use o	f Services	Direct Service Pr	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 Mental Health services in relation to this activity or have they recieved Mental Health services during this FY?	
child_info_cac.child_pr ogram_participant_uni que_id	child_info_cac.child_age	child_info_cac.county_of_residence	child_info_cac.zip_code_of_r esidence	childpart_useof_svcs.number_ svcs_referrals_received_by_ch ild	childpart_useof_svcs.n um_services_child_ref erred_to_used_fy	direct_svc_provision.c hild_receiving_mhsvcs _activity_fy	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: Text.