

## Foxfire Report Request Form

<b>Request Type:</b>	Circle one	<input checked="" type="radio"/> Detail	<input type="radio"/> Summary	<input type="radio"/> Cross-Tab	<input type="radio"/> Labels
<b>Request Name:</b>	SQABUSE				
<b>Request Description:</b>	DSHS Child Abuse Reporting Form				

**Data Items (List Data displayed in report):**

Cert LA Number
Cert Clinic Number
Client FID Number
Client Name Combined
Client Date of Birth (DOB)
Cert Date
Cert WIC Code
Appt Date

**Filter Criteria (Limits data in report):**

Client Clinic Number	Is	Like	(ask at runtime)
Client Date of Birth (DOB)	Is	On or After	(ask at runtime)
Cert WIC Code	Is	In the List	B,N,P
Cert Date	Is	Between	(ask at runtime)
<input checked="" type="checkbox"/> Omit Duplicates			

**Sort/Group (Sets order of data in report):**

Client Name Last
Client Name First

<b>Output Details</b>	Destination of report	Circle one	<input type="radio"/> Printer	<input type="radio"/> Screen	<input type="radio"/> File
-----------------------	-----------------------	------------	-------------------------------	------------------------------	----------------------------

**Layout Options of Report:**

Suppress repeat values	Number of columns
Number of Lines per Detail (single/double spacing)	Number of lines
Number of Spaces between columns	Number of spaces

**Updated 10/01/2012**