

Foxfire Report Request Form

Request Type:	Circle one	<input checked="" type="radio"/> Detail	Summary	Cross-Tab	Labels
Request Name:	SQNOREFE				
Request Description:	Clients with 00 HCS & NO Referral				

Data Items (List Data displayed in report):

Parent / Guard Name Combined
Client Name Combined
Client Date of Birth (DOB)
HCS Certification Date
Client FID Number

Filter Criteria (Limits data in report):

Cert LA Number	Is	Like	(ask at runtime)
Cert Clinic Number	Is	Like	(ask at runtime)
HCS Certification Date	Is	Between	(ask at runtime)
HCS Source Codes	Is	Like	00
HCS Source Codes	Is Not	Between	01, 15
Refto Code (Referred To)	Is	Like	00
<input checked="" type="checkbox"/> Omit Duplicates			

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

Parent / Guard Name Last
Parent / Guard Name First
Client Name Last
Client Name First

Output Details	Destination of report	Circle one	Printer	Screen	File
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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