

Foxfire Report Request Form

Request Type:	Circle one	Detail	Summary	Cross-Tab	Labels
Request Name:	GATEWAY				
Request Description:	Food Stamps, Medicaid, TANF				

Data Items (List Data displayed in report):

Family Clinic Number
Family Gateway Code

Filter Criteria (Limits data in report):

Family Gate Code	is	In the List	A,F,M
Client Status Code	is	Like	AC
<input type="checkbox"/> Omit Duplicates			

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

Family Clinic Number	(Group)
Family Gateway Code	(Group)
[From the options menu select count]	

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