

Foxfire Report Request Form

Request Type:	Circle one	<input checked="" type="radio"/> Detail	<input type="radio"/> Summary	<input type="radio"/> Cross-Tab	<input type="radio"/> Labels
Request Name:	SQHIRISK				
Request Description:	Participants With a Specific Risk Code				

Data Items (List Data displayed in report):

Client FID Number
Parent / Guard Name Combined
Client Name Combined
Client Date of Birth
Risk Code
WIC Partic WIC Code
Cert Date Actual
Cert Expiration Date

Filter Criteria (Limits data in report):

Cert LA Number	Is	Like	(ask at runtime)
Cert Clinic Number	Is	Like	(ask at runtime)
Risk Code	Is	Like	(ask at runtime)
WIC Partic WIC Code	Is	Like	(ask at runtime)
Cert Date Actual	Is	Between	(ask at runtime)
Client Status Code	Is	Like	AC
<input checked="" type="checkbox"/> (X) 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