

Foxfire Report Request Form

Request Type:	Circle one	Detail	Summary	Cross-Tab	Labels
Request Name:	SQNFRINF				
Request Description:	Infants Receiving Formula				

Data Items (List Data displayed in report):

Parent / Guard Name Combined
Client FID Number
Client Name Combined
Client Date of Birth (DOB)
WIC Partic Part Mo
WIC Partic Food Pkg No
WIC Partic Formula No
WIC Partic BF Type
Infant Mother's CID

Filter Criteria (Limits data in report):

WIC Partic LA	Is	Like	(ask at runtime)
WIC Partic Clinic	Is	Between	(ask at runtime)
WIC Partic Part Mo	Is	Between	(ask at runtime)
WIC Partic Food Pkg No	Is	In the List:	451, 453, 454, 552
WIC Partic Transtype	Is	Like	C
<input checked="" type="checkbox"/> (X) Omit Duplicates			

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

Infant Mother's CID

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