**CHILDREN FIRST PROGRAM QUARTERLY REPORT**

*Attachment 3*

***Click the enable editing and enable content buttons if prompted.***

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| County/Consortium/Tribe: | CF Case Manager: | Year:      Quarter:  1  2  3  4 | Children First Participants During the Quarter | | |
| Month 1: | Month 2: | Month 3: |
| 1. The number of individuals that were court ordered into the CF program: | | |  |  |  |
| 1. The number of individuals that completed registration and have been registered on CARES: | | |  |  |  |
| 1. The number of individuals that successfully left the CF program by paying child support for 3 consecutive months: | | |  |  |  |
| 1. The number of individuals that successfully left the program by completing 16 weeks of activity: | | |  |  |  |
| 1. The number of individuals that left the program for non-compliance: | | |  |  |  |
| 1. The number of CF participants served in your county, but who do not reside in your county: | | |  |  |  |
| Name, Agency, Address, and Email of Individual Completing this Form: | | | | Telephone Number:  (     )     - | |

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| **Notes:** Do not include carry-over participants from 2016 on any line of your 2017 report. You may report carry-over information on a separate quarterly report. i.e. include the number of participants you are carrying over and information about their program compliance on a separate form. |

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| **Notes:** |

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| **Calendar Quarter** | **Due Date** |
| **1st** (Jan/Feb/March) | April 30th |
| **2nd** (April/May/June) | July 31st |
| **3rd** (July/Aug/Sept) | October 31st |
| **4th** (Oct/Nov/Dec) | January 31st |

**Quarterly reports are due as follows:**

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| Email, fax, or mail quarterly reports to: | [DCFKIDPOLPolicyProgramPerformance@wisconsin.gov](mailto:DCFKIDPOLPolicyProgramPerformance@wisconsin.gov?subject=Children%20First%20Quarterly%20Report)  WI Bureau of Child Support  Children First Program  P.O. Box 7935  Madison, WI 53707-7935  Fax: 608-267-2824  Thank You! |