**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.govWI Bureau of Child SupportChildren First ProgramP.O. Box 7935Madison, WI 53707-7935Fax: 608-267-2824Thank You! |