

**CHILDREN FIRST PROGRAM
QUARTERLY REPORT**

Clear Form

Click the enable content and enable editing buttons if prompted.

County/Consortium/Tribe:	CF Case Manager:	Year:	Children First Participants During the Quarter		
		Quarter: 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/>	Month 1	Month 2	Month 3
1. The number of individuals that were court ordered into the CF program.					
2. The number of individuals that completed registration and have been registered on CARES.					
3. The number of individuals that successfully left the CF program by paying child support for 3 consecutive months.					
4. The number of individuals that successfully left the program by completing 16 weeks of activity.					
5. The number of individuals that left the program for non-compliance.					
Name, Agency, Address, and Email of Individual Completing this Form:				Telephone Number: () -	

Notes: Do not include carry-over participants from 2015 on any line of your 2016 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.

Notes:

Quarterly reports are due as follows:

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

Email, fax, or mail quarterly reports to: DCFKIDPOLPolicyProgramPerformance@wisconsin.gov

WI Bureau of Child Support
Children First Program
P.O. Box 7935
Madison, WI 53707-7935
Fax: 608-267-2824

Thank You!