

**CHILDREN FIRST PROGRAM
QUARTERLY REPORT**

Click the enable editing and enable content 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 NCPs that were court ordered into the CF program:					
2. The number of NCPs enrolled who are employed less than full-time:					
3. The number of NCPs that completed registration and have been registered on CARES:					
4. The number of NCPs that successfully left the CF program by paying child support for 3 consecutive months:					
5. The number of NCPs that successfully left the program by completing 16 weeks of activity:					
6. The number of NCPs that left the program for non-compliance:					
7. The number of CF NCPs served in your county, but who do not reside in your county:					
Name, Agency, Address, and Email of Individual Completing this Form:				Telephone Number:	

Notes: Do not include carry-over participants from the prior year on any line for the current year 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: 608-422-7165

Thank You!