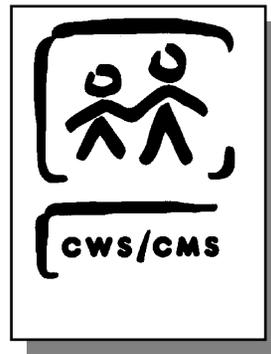# Probation Access Data Fields

CWS/CMS

Probation Department Access to
Child Welfare Services/Case Management System (CWS/CMS)

May 18, 2010

Referral

For Probation youth, Referrals are required to document abuse that occurs only in out of home care. For Clients, (see Client page) only the victim and perpetrator will be required to be entered. Approvals needed (see Approval) for Determine Response, and Client Disposition in order to complete and close referral. Cross Reports needed, depending on abuse category. Application functionality requires 2 additional referral documents be generated. NCANDS data is also pulled on the information entered for the perpetrator in the client notebook for that perpetrator.

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Referral	ID	Referral ID	Date		X		X		X
Referral	ID	Referral ID	Time		X				
Referral	ID	Referral ID	Report Method		X				X
Referral	ID	DOJ Grievance Request	Request Date	**Completed only if perpetrator grieves allegation conclusion**	X				
Referral	ID	DOJ Grievance Request	Filed By		X				
Referral	ID	Common Address		**Address not mandatory, but if used, fields become mandatory - see Client section**	X				
Referral	Assignment	Details	Start Date		X				
Referral	Assignment	Details	Start Time		X				
Referral	Assignment	CWS Staff	County	**Selections are made from caseloads established in Resourece Management**	X				
Referral	Assignment	CWS Staff	CWS Office		X				
Referral	Assignment	CWS Staff	Unit		X				
Referral	Assignment	CWS Staff	Caseload		X				

Referral

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Referral	Assignment	Out of State Contact	Agency Name	Dialog box - Only completed if out of state worker has assignment to child	X				
Referral	Assignment	Out of State Contact	Phone Number		X				
Referral Allegation	ID	Identification	Alleged Victim		X				
Referral Allegation	ID	Identification	Occurrence Information Start Date				X		X
Referral Allegation	ID	Identification	Abuse Category		X		X		
Referral Allegation	ID	Identification	Placement Facility Type	if child abused in out of home care			X		
Referral Allegation	Conclusion	Current Conclusion	Allegation Conclusion				x		
Referral Cross Report	ID	Identification	Cross Report Type		X				
Referral Cross Report	ID	Identification	Date		X				
Referral Determine Response	Determine Response	dialog box	Decision	This Decision must be approved (See Approval)	X		X		
Referral Client Disposition	Client Disposition	dialog box	Closure Reason Date	This Decision must be approved (See Approval)	X				
Referral Client Disposition	Client Disposition	dialog box	Closure Reason	This Decision must be approved (See Approval)	X				
Referral	Reporter	Information	various check boxes to select						X
Referral	Reporter	Feedback Details	Method						X
Referral	Reporter	Feedback Details	Date Sent						X

Case

For all existing cllients in the SOC 158 application at the time of the code drop, when they are migrated to CWS, a case will have to be created to support the functionality. Data entry will be required to a minimum of 3 pages to do this. (ID, Svs. Comp & Assignment)

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Case Info	ID	Case Info	State	prefilled by application for non-ICPC cases		X		
Case Info	ID	Case Info	Case Name		X			
Case Info	ID	Case Info	Start Date		X		X	
Case Info	ID	Case Info	Country	manual data entry only if child out of country	X		X	
Case Info	ID	Case Status	Status selection		X			
Case Info	ID	Case Status	Effective Date		X			
Case Info	ID	Case Status	End Date	Only the end date is reported, but must exist with a value and a start date before you can have an end date			X	
Case Info	ID	Suspension	Reason for Suspension	only used to indicate unique circumstances when services are suspended	X			
Case Info	ID	Suspension	Start Date		X			
Case Info	ID	Intervention	Reason		X		X	
Case Info	ID	Intervention	Primary Agency Responsible	If the Case Intervention reason in Non-CWD Foster Care	X			
Case Info	Svc Comp	Service Component	Service Component		X		X	
Case Info	Svc Comp	Service Component	Effective Date		X		X	
Case Info	Assignment		See referral for detail - same process		X			
Case Info	ICPC-100A	ICPC - 100A	Status		X			
Case Info	ICPC-100A	ICPC - 100A	Status Date	Only for ICPC cases - if you complete a 100A, you will need to do a 100B with additional fields required	X			
Case Info	Closure Summary	End Case	Closure Reason	must be approved to close case - see approval	X		X	

For Clients existing only in the SOC 158 application at code drop, only the non bolded fields below will be completed, requiring data entry for the remaining. If the client is known to the CWS database, most fields should be complete, but will require updating. For clients unknown to the database, all fields will be required. Service Providers and Collaterals will be entered as needed to document services delivered (See Contacts and Delivered Services)

Notebook Page		Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Client	**ID**	**Client Information**	**Name Type**		x				
Client	ID	Client Information	Gender		x	X	X	X	
Client	ID	Client Information	Date of Birth		x	X	X	X	
Client	ID	Client Information	First Name		x		X		
Client	ID	Client Information	Last Name		X		X		
Client	**ID**	**Language**	**Primary Language**		x	x	x		
Client	ID	Race/Ethnicity	Primary Ethnicity		x	X	X	X	
Client	**ID**	**Race/Ethnicity**	**Unable to Determine - Reason**	**If applicable**		x		x	
Client	**ID**	**Race/Ethnicity**	**Hispanic or Latino Origin**			x	x	x	
Client	**ID**	**Race/Ethnicity**	**Unable to Determine - Reason**	**If applicable**		x		x	
Client	ID	Client Information	Middle Name				X		
Client	ID	Client Information	SSN		x		X		
Client	**ID**	**Client Information**	**Age & Age Unit**		x	x	x		
Client	**ID**	**Client Information**	**Marital Status**		x	x			
Client	**ID**	**Other Client Information**	**County**	**Completed only if child is Indian child**					x
Client	**ID**	**Other Client Information**	**Date Informed**	**Completed only if child is Indian child**	x				x
Client	**ID**	**Other Client Information**	**County**		x				
Client	**Address**	**Address**	**County**				x		
Client	**Address**	**Address**	**State**				x		
Client	**Address**	**Address**	**Street Name**				x		
Client	**Address**	**Address**	**Street No**				x		
Client	**Address**	**Address**	**Zip**				x		
Client	**Address**	**Address**	**Zip ext**				x		
Client	**Address**	**Address**	**Start Date**				x		

Client

Notebook Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Client	Address	Address	End Date				x	
Client	Address	Address	City		x		x	
Client	Address	Address	Address Type		x		x	
Client	Address	Address	Foreign Country	If applicable	x			
Client	Demographics	Origin	Birth Country				x	
Client	Demographics	Origin	Birth State				x	
Client	Demographics	Origin	Birth City	Only if information is not completed in the Health notebook			x	
Client	Demographics	Origin	Birth Place/Hospital Name				x	
Client	Demographics	Health Information	Plans/Attempts to Acquire Health Information	check box			x	
Client	Demographics	Previously Adopted	Previously Adopted			x		
Client	Demographics	Previously Adopted	Previously Adopted Age (if Previously Adopted is Yes)			x		
Client	Demographics	Demographics	Child Is/Was Adjudicated Delinquent					x	
Client	Demographics	Military Status	Military Status					x	x
Client	Demographics	Deceased	Date						x
Client	Demographics	Deceased	Death Circumstances Type						x
Client	RelatedClients	Related Clients	[Client] / [Relative]	To establish family relationships identify focus child and family member, and select relationship type	x		x	
Client	RelatedClients	Related Clients	Related As		x		x	
Client	RelatedClients	Related Clients	Live at the same location				x	
Client	Id Num	Identification Numbers	Aid Code	To record State ID number	X	X		
Client	Id Num	Identification Numbers	Start Date	To record State ID number	X			
Client	Id Num	Identification Numbers	Asst. Unit	To record State ID number	X		X	
Client	Id Num	Identification Numbers	County	To record State ID number			X	
Client	Id Num	Identification Numbers	Id Number	To record State ID number	X			
Client	Id Num	Identification Numbers	Id Number Type	To record State ID number	X			
Client	Id Num	Identification Numbers	Person Number	To record State ID number	X			
Client	Id Num	Identification Numbers	Serial Number	To record State ID number	X			
Client	Id Num	Aid Code History	Aid Code	To record State ID number	X		X	
Client	Id Num	Aid Code History	Start Date	To record State ID number	X			
Client	Id Num	Aid Code History	End Date	To record State ID number	X		X	

Client

Notebook Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Client	Service Provider	Service Providers	Start Date		x				
Collateral	ID	ID	First	**Collateral is a whole notebook that must be associated to a client in a case or referral. It has an address page, related clients page, and more. All these additional pages have fields that become mandatory under certain conditions.**	x				
Collateral	ID	ID	Last		x				
Collateral	ID	Name	Date of Birth			x			
Collateral	ID	Name	Gender			x			
Collateral	ID	Name	Marital Status	**Collateral (only needed if the Caretaker Removed From [in placement] is entered as a Collateral)**		x			
Client	I.C.W.A.	Ancestor Information	Relative Typ	ICWA only	X				
Client	I.C.W.A.	Tribal Membership	Tribe Location	ICWA only	X				X
Client	I.C.W.A.	Tribal Membership	Tribal Affiliation	ICWA only	X				X
Client	I.C.W.A.	Ancestor Information	First	ICWA only	X				
Client	I.C.W.A.	Ancestor Information	Last	ICWA only	X				
Client	I.C.W.A.	Tribal Ancestor Other Names	First	**Optional dialog that when selected requires these fields**	X				
Client	I.C.W.A.	Tribal Ancestor Other Names	Last	**Optional dialog that when selected requires these fields**	X				

Contacts & Delivered Services

This notbook is used to document delivered services required by NYTD, as well as Div 31 contact requirements. A minimum of the Contact page must be completed, but the additional pages are also required for the documentation of many delivered services. Service Providers and Collaterals as discussed on the Client page are often needed to associate to these services.

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Contact	Contact	Contact information	Staff Person		X			X	
Contact	Contact	Contact information	Start Date		X		X	X	X
Contact	Contact	Contact information	End Date				X	X	
Contact	Contact	Contact information	Contact Purpose		X			X	
Contact	Contact	Contact information	Method		X		X	X	
Contact	Contact	Contact information	Location		X			X	
Contact	Contact	Contact information	Status		X		X	X	
Contact	Contact	Contact information	Participants		X			X	
Contact	Contact	Contact information	On Behalf of		X			X	
Contact	Contact	Contact information	Contact Party Type		X		X	X	
Contact	Contact	Contact information	Narrative		X			X	
Contact	Associated Services	Service	Start Date	Associated Services and Associated Visits pages are optional for the most part. However, some services reported for ILP and other federal reporting are reported on the Services page. This will activate the mandatory fields.	X			X	
Contact	Associated Services	Service	End Date		X			X	
Contact	Associated Services	Service	Service Category		X			X	
Contact	Associated Services	Service	Service Type		X			X	
Contact	Associated Services	Service	Wraparound indicator		X			X	
Contact	Associated Services	Provider	Provider Name		X		X	X	
Contact	Associated Visits	Associated Visits	Start Date		X			X	
Contact	Associated Visits	Associated Visits	End Date		X			X	
Contact	Associated Visits	Associated Visits	Method		X			X	
Contact	Associated Visits	Associated Visits	Participants		X			X	
Contact	Associated Visits	Associated Visits	Visit Party Type		X		X	X	

Health & Education

All data below will map to a Health and Education Passport document. If the client was migrated from the SOC 158 application, minimal data may already exist for health. If child has no known health conditions, data entry is minimal and most fields are not required.

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD	NCANDS
Education	Enrollment Information	Enrollment Information	Start Date		X			X	
Education	Enrollment Information	Enrollment Information	Reason Child Left School		X		X	X	
Education	Enrollment Information	Enrollment Information	End Date		X		X	X	
Education	Enrollment Information	Enrollment Information	Likely Graduation Date				X	X	
Education	Enrollment Information	Enrollment Information	Home Schooled				X	X	
Education	Enrollment Information	Client Special Education	Start Date					X	
Education	Enrollment Information	Client Special Education	End Date					X	
Education	Enrollment Information	Enrollment Information	Client Completed at Least One Semester of College					X	
Education	Enrollment Information	Enrollment Information	Client Attended Postsecondary Ed/Voc Training					X	
Education	Grade Level Information	Grade Level Information	Start Date		X			X	
Education	Grade Level Information	Grade Level Information	Grade				X	X	
Education	Grade Level Information	Grade Level Information	Grade Level Perfoprmance				X	X	
Education	Grade Level Information	Grade Level Information	End Date		X			X	
Education	Grade Level Information	Education Record	Start Date		X		X	X	
Education	Grade Level Information	Education Record	End Date				X	X	
Education	Grade Level Information	Education Record	Information Type		X		X	X	
Education Provider	ID	Identification	School Name	Only if school must be created manually	X		X	X	

Notebook	Page	Frame	Fields	Comments	Mandatory	AFCARS	Outcome	NYTD	NCANDS
Health	Diagnosed Condition	Diagnosed Condition	Category		x	x	x		x
Health	Diagnosed Condition	Diagnosed Condition	Health Problem		x	x	x		x
Health	Diagnosed Condition	Diagnosed By	Name		x				
Health	Hospitalizations	Hospitalizations	Admit Date		x				
Health	Immunization	Immunization	Immunization Type		x				
Health	Immunization	Immunization	Date Given or Waived		x				
Health	Immunization	Immunization	TB Test Result	If Immunization Type equals TB Test	x				
Health	Medications	Medications	Prescribed Medication		x		x		
Health	Medications	Medications	Start Date		x		x		
Health	Referrals	Medical Referrals	Date Referral Made By Provider		x				
Health	Referrals	Medical Referrals	Reason		x				
Health	Medical Tests	Tests for Diagnosed Condition	Test Type		x				
Health	Medical Tests	Tests for Diagnosed Condition	Test Date		x				
Health	Birth History	Birth History	Birth Place/Hospital Name				x		
Health	Birth History	Birth History	Birth City	Only if information is not completed in the Client notebook			x		
Health	Birth History	Birth History	Birth State				x		
Health	Birth History	Birth History	Birth Country				x		
Health	Summary	Summary	Has this child been clinically diagnosed as having a disability(ies)?			x			

Placement

For Clients existing only in the SOC 158 application at code drop, only the non bolded fields below will be completed, requiring data entry for the remaining.

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Placement	Child Removal Info	Reasons for Removal	Primary Reason For Removal		x	x		
Placement	Child Removal Info	Reasons for Removal	Secondary Reason For Removal			x		
Placement	Child Removal Info	Removed From	First Caretaker Relationship to Child		x	x	x	
Placement	**Child Removal Info**	**Removed From**	**Birthdate**	**This would be entered in the client notebook for the caretaker - not in placement**		x		
Placement	**Child Removal Info**	**Removed From**	**Secondary Caretaker Relationship to Child**			x		
Placement	**Child Removal Info**	**Removed From**	**Birthdate**	**This would be entered in the client notebook for the caretaker - not in placement**		x		
Placement	Child Removal Info	Child Removal Info	Removal Date		x	x	X	
Placement	**Child Removal Info**	**Child Removal Info**	**Removal Time**		x			
Placement	**Child Removal Info**	**Law Enforcement**	**Officer First Name**		x			
Placement	**Child Removal Info**	**Law Enforcement**	**Officer Last Name**		x			
Placement	**Child Removal Info**	**Law Enforcement**	**Officer Phone**		x			
Placement	ID	Identification and Approval	Start Date		x	x	X	
Placement	**ID**	**Identification and Approval**	**Agreement Effective Date**		x			
Placement	ID	Identification and Approval	Agency Responsible		x		X	
Placement	ID	Identification and Approval	Legal Authority for Placement		x	x		
Placement	ID	Identification and Approval	Effective Date		x			

Placement

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Placement	ID	Identification and Approval	Care Provider Relationship to Child		X		X	
Placement	**ID**	**Sibling Placement Rationale**	**Siblings placed together**				X	
Placement	**ID**	**CHDP Program**	**Date SCP Given HEP and Informed of Purpose**				X	
Placement	**Incidental Payments**	**Incidental Requests**	**Payment Type**		X			
Placement	**Incidental Payments**	**Incidental Requests**	**Start Date**	**Fields will only be used if Probation uses the application to issue payment instructions to eligibility**	X			
Placement	**Incidental Payments**	**Incidental Requests**	**End Date**		X			
Placement	Non-CWD	Non-CWD	Case Plan Goal		X	X		
Placement	Non-CWD	Non-CWD	Last Case Plan Date		X			
Placement	Non-CWD	Non-CWD	Last Visit Date		X			
Placement	Non-CWD	Non-CWD	6 Mo Review Date		X	X		
Placement	Non-CWD	Non-CWD	PP Hearing Date		X			
Placement	**Non-Foster Care**	**Non-Foster Care**	**City**		X			
Placement	**Non-Foster Care**	**Non-Foster Care**	**Start Date**		X	X	X	
Placement	**Non-Foster Care**	**Non-Foster Care**	**Street Name**		X			
Placement	**Non-Foster Care**	**Non-Foster Care**	**Facility Type**			X		
Placement	**Ongoing Requests**	**Ongoing Requests**	**Start Date**	**Fields will only be used if Probation uses the application to issue payment instructions to eligibility**	X	X		
Placement	**Ongoing Requests**	**Ongoing Requests**	**Basic Rate**			X		

Placement

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Placement	End Placement/Episode	End Placement/Episode	Notice to Remove Date	These must be completed to end a placement or placement episode	X			
Placement	End Placement/Episode	End Placement/Episode	Placement Change Reason		X		X	
Placement	End Placement/Episode	End Placement/Episode	Placement End Date		X		X	
Placement	End Placement/Episode	End Placement/Episode	Placement Episode Termination Reason		X	X	X	
Placement	End Placement/Episode	End Placement/Episode	Placement Episode End Date		X	X	X	
		Associated Eligibility Application						
Select Income/Property Source	Income Source	dialog box	Income Type	Fields will only be used if Probation uses the application to issue payment instructions to eligibility	X			
Select Income/Property Source	Income Source	dialog box	Amount		X			
Select Income/Property Source	Income Source	dialog box	Start Date		X			
FC-2 Eligibility Application	Completion Details	Completion Details	Staff Person		X			
FC-2 Eligibility Application	Completion Details	Completion Details	County Where Signed		X			
Client	AFDC-FC	dialog box - CW51 Information	Date of Determination		X			
Client	AFDC-FC	Eligibility	The child was found to be eligible for AFDC-FC, effective		X			

Placement Home

To create a placement, the associated placement home must first be searched for in the database. If it is a licensed home, it should be located via that search. If unlicensed, and if it does not already exist, then a Placement Home must be created. Sustitute Care Providers (AKA Foster Parents) may also be entered here and later associated to delivered services as the individual who delivered the service.

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Placement Home	Background Check	Background Information	Background Check Type		X			
Placement Home	Background Check	Background Information	Date		X			
Placement Home	ID	ID	Name				X	
Placement Home	ID	ID	Type		X	X	X	
Placement Home	ID	ID	City		X		X	
Placement Home	ID	ID	Foster Family Home Type		X		X	
Placement Home	ID	ID	Street No				X	
Placement Home	ID	ID	County		X		X	
Placement Home	ID	ID	State				X	
Placement Home	ID	ID	Zip		X		X	
Placement Home	ID	ID	Zip ext				X	
Placement Home	ID	ID	Street Name		X		X	
Placement Home	Substitute Care Provider	Substitute Care Providers	Start Date		X			
Placement Home	Substitute Care Provider	Substitute Care Providers	First		X			
Placement Home	Substitute Care Provider	Substitute Care Providers	Last		X			
Placement Home	Substitute Care Provider	Substitute Care Providers	Birth date		X	X		
Placement Home	Substitute Care Provider	Substitute Care Providers	Marital Status		X	X		

Placement Home

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Placement Home	Substitute Care Provider	Race/Ethnicity	Race/Ethnicity		x	x		
Placement Home	Substitute Care Provider	Race/Ethnicity	Unable to Determine - Reason	if applicable		x		
Placement Home	Substitute Care Provider	Hispanic or Latino Origin	Hispanic or Latino Origin		x	x		
Placement Home	Substitute Care Provider	Hispanic or Latino Origin	Unable to Determine - Reason	if applicable		x		

Approval

Approvals are required primarily to close cases and referrals. They are optional in other instances, depending on county practice.

Notebook	Page	Frame	Fields	Comments	Mandatory	AFCARS	Outcome	NYTD
Supervisor Approval	DEFAULT	Dialog Box	Approval Status		X			
Supervisor Approval	DEFAULT	Dialog Box	Action Date		X			
Supervisor Approval	DEFAULT	Dialog Box	Action Time		X			

Resource Management functions in general are specialized and are usually handled by staff specially trained to manage all agency resources. Only those fields likely to be used by probation are listed. Many generic functions (such as Gov't Agency or Law Enforcement may have already been entered by the Child Welfare agency) Primary areas that will have to be completed for probation involved establishing Offices, Assignment Units, Caseloads, Staff Person IDs and Staff Rights.(bolded)

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Address	**CWS Office**	**CWS Office**	**State**		x			
Address	**CWS Office**	**CWS Office**	**City**		x			
Address	**CWS Office**	**CWS Office**	**Street Name**		x			
Address	**CWS Office**	**CWS Office**	**ZIP**		x			
Address	Education Provider	Education Provider	City	These are schools not downloaded form CDE	x			
Address	Education Provider	Education Provider	ZIP		x			
Address	Government Agency	Government Agency	State		x			
Address	Government Agency	Government Agency	City		x			
Address	Government Agency	Government Agency	Street Name		x			
Address	Government Agency	Government Agency	ZIP		x			
Address	Group Home Organization	Group Home Organizat	City		x			
Address	Law Enforcement	Law Enforcement	State		x			
Address	Law Enforcement	Law Enforcement	City		x			
Address	Law Enforcement	Law Enforcement	Street Name		x			
Address	Law Enforcement	Law Enforcement	ZIP		x			
Adoption Agency	ID	ID	Agency Name		x			
Adoption Agency	ID	ID	Phone Number		x			
Assignment Unit	**Caseload**	**Caseload**	**Start Date**		x			
Assignment Unit	**Caseload**	**Caseload**	**Number/Name**		x			
Assignment Unit	**ID**	**ID**	**Unit Name**		x			
Assignment Unit	**ID**	**ID**	**Start Date**		x			
County License Case	ID	ID	Current License Status	These fields are used only for licensed homes in counties that do their own licensing	x			
County License Case	ID				x			
County License Case	Issues	Issues	Issue Type		x			
County License Case	Issues	Issues	Date		x			
County License Case	Visit	Visit	Type		x			
County License Case	Visit	Visit	Date		x			

Resource Mgt

Notebook	Page	Frame	Fields	Comments	Mandator	AFCARS	Outcome	NYTD
Create Logon ID	**DEFAULT**		**Domain**		x			
Create Logon ID	**DEFAULT**		**Domain**		x			
CWS Office	**ID**	**ID**	**County**		x			
CWS Office	**ID**	**ID**	**Agency**		x			
CWS Office	**ID**	**ID**	**Department\Division**		x			
CWS Office	**ID**	**ID**	**Office Name**		x			
CWS Office	**ID**	**ID**	**Phone Number**		x			
Education Provider	Contact	Contact	Last		x			
Education Provider	ID	ID	County	Only completed	x			
Education Provider	ID	ID	District Name	if school	x			
Education Provider	ID	ID	School Category	information is not	x			
Education Provider	ID	ID	School Name	obtained through CDE download	x			
Government Agency	ID	ID	Agency Type		x			
Government Agency	ID	ID	Agency Name		x			
Group Home Organization	GHO Information	ID	Name		x			
Group Home Organization	Hold Status	Hold Status	Reason		x			
Group Home Organization	Hold Status	Hold Status	County		x			
Group Home Organization	Hold Status	Hold Status	Start Date		x			
ICPC Administrator	ID	ID	Agency Name		x			
ICPC Administrator	ID	ID	Last		x			
Law Enforcement	ID	ID	Agency Name		x			
Service Provider	ID	ID	Service Provider Category		x			
Staff Person	**ID**	**ID**	**Phone Number**		x			
Staff Person	**ID**	**ID**	**First**		x			
Staff Person	**ID**	**ID**	**Last**		x			
Staff Person	**ID**	**ID**	**Start Date**		x			
Staff Person	**Staff Rights**	**Staff Rights**	**Privilege**		x			
Template Management	ID	ID	Context	Optional area to	x			
Template Management	ID	ID	Language	enter blank	x			
Template Management	ID	ID	Transaction Type	county templates	x			
Template Management	ID	ID	DOS Filename Prefix	to be used by	x			
Template Management	ID	ID	Title	staff	x			