<table>
<thead>
<tr>
<th>PROVIDER:</th>
<th>PROGRAM:</th>
<th>UNIT:</th>
<th>YEAR:</th>
<th>EFFECTIVE 07/01/16 – 06/30/17</th>
</tr>
</thead>
</table>

**CHILDCARE RESIDENTIAL SERVICE REPORTING SCREEN**

### PATIENT #1

- **Funding Code:** D C
- **Child’s Unique Identifier:** [ ]
- **Billing Begin Date:** [ ]
- **Billing End Date:** [ ]
- **Birth Date:** [ ]
- **Sex:** [ ]
- **Parent’s Unique Client/Patient Identifier:** [ ]
- **Revision Code:** [ ]

**Dedicated Funding Category:** SELECT ONLY ONE

- □ D = DCFS
- □ N = None

### PATIENT #2

- **Funding Code:** D C
- **Child’s Unique Identifier:** [ ]
- **Billing Begin Date:** [ ]
- **Billing End Date:** [ ]
- **Birth Date:** [ ]
- **Sex:** [ ]
- **Parent’s Unique Client/Patient Identifier:** [ ]
- **Revision Code:** [ ]

**Dedicated Funding Category:** SELECT ONLY ONE

- □ D = DCFS
- □ N = None