ATTACHMENT F

R-89-09-8007

Local Service Provider Work Sheet

Ohio Name of Provider:	Referral Source				Client Information					Marital Status Upon entry into program				Race/Ethnicity						Income in (Thousands)					Services Provided (Check each that Apply)									Outcomes					
Case Reference # (Identification number)	Self	Court	IV-D	Other	Father	Mother	Grandparent(s)	Legal Guardian	Number of Children	Married	Separated	Divorced	Unmarried	Am. Indian or Alaska Native	A.AM./Pacific Islanders	Black/African AM	White	Hispanic	Other	Less than $10	$10 to 19	$20 to 29	$30 to 39	$40 & above	Mediation	Counseling	Parenting Plan	Education	Custody/Visitation Guidelines	Visitation Enforced: Monitored	Visitation Enforced: Supervised	Visitation Enforced: Therapeutic	Visitation Enforced: Neutral Drop Off	Increased NCP Parenting Time with Children		Child Support Collections: Before		Child Support Collections: After	
																																		Yes	No	Due	Paid	Due	Paid
Custodial Parent																																							
Non-Custodial Parent																																							
Custodial Parent																																							
Non-Custodial Parent																																							
Custodial Parent																																							
Non-Custodial Parent																																							
Totals																																							