Area	County of Invest	Supervisor	Primary Worker	Investigation Status	Prty	Referral ID	*Ext.	Referral Date	Begin Date	Inv Init Dt	Init Due Date	Init Within Policy	Cur Age	Mon End Age	Asgn Type	Assign Beg Date	Area/County Primary Worker	Transfer Fr Date	Transfer From County	Family Name	Rsrc of Out of Hm	Run Date
	Area I	0																				
	Area II	0																				
	Area III	0																				
	Area IV	0																				
	Area V	0																				
	Area VI	0																				