

**LODESTAR FREE CODES FORM**  
*Except for the codes reserved for MCH, these codes may be user-defined*

Client ID No. \_\_\_\_\_ Case Manager \_\_\_\_\_

Client Name \_\_\_\_\_  
Last First / Middle

**Reporting Period** \_\_\_\_\_

- 01 - Intake
- 03 - Index Child Pregnancy Outcome
- 04 - Non-Index Child Pregnancy Outcome
- ## - Month Follow Up (Enter 2 digits to indicate age of Index Child in months at follow up -OR- number of months since Intake [Sibling Clients Only]).  
 Use multiples of 06 (06, 12, 18, 24, 30, etc.)

**Reserved For MCH**

Free\_MCH#E \_\_\_\_\_

Free\_MCH#F \_\_\_\_\_

Free\_MCH#G \_\_\_\_\_

Free\_MCH#H \_\_\_\_\_

Free\_MCH#I \_\_\_\_\_

- ★Freecode#J \_\_\_\_\_
- ★Freecode#K \_\_\_\_\_
- ★Freecode#L \_\_\_\_\_
- ★Freecode#M \_\_\_\_\_
- ★Freecode#N \_\_\_\_\_
- ★Freecode#O \_\_\_\_\_
- ★Freecode#P \_\_\_\_\_
- ★Freecode#Q \_\_\_\_\_
- ★Freecode#R \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ (date)  
MM/ DD/ YY
- ★Freecode#S \_\_\_\_\_
- ★Freecode#T \_\_\_\_\_