



## LODESTAR ADDITIONAL CHILD MATRIX FORM

Client Name \_\_\_\_\_ Client ID No. \_\_\_\_\_

**INSTRUCTIONS:** Use this form to track the client's children *other than the Index Child*. Complete the following items listing the *youngest child* first. **DO NOT LIST THE INDEX CHILD ON THIS FORM.**

This same form may be used to update or correct information on children previously submitted on this form. If used to update or correct information, clearly mark the changes so that your data entry person will know *exactly* what is being changed

Use the Pregnancy Outcome Form to record *any* new birth, but for any *multiple* birth (i.e. twins, triplets, etc.), use this form to record the **NON-INDEX** child(ren) born.

	Name			Birth Date	Child Gender	Birthweight	Date Lost Custody*	Date Child Died*
	First	M.I.	Last					
1	_____	___	_____	___/___/___	___	___ lbs. ___ oz.	___/___/___	___/___/___
2	_____	___	_____	___/___/___	___	___ lbs. ___ oz.	___/___/___	___/___/___
3	_____	___	_____	___/___/___	___	___ lbs. ___ oz.	___/___/___	___/___/___
4	_____	___	_____	___/___/___	___	___ lbs. ___ oz.	___/___/___	___/___/___
5	_____	___	_____	___/___/___	___	___ lbs. ___ oz.	___/___/___	___/___/___

**\*Leave blank unless applicable**

**Birth Date**

Enter the child's date of birth in MM/DD/YY format.

**Child Gender**

Enter 1 for Female, 2 for Male.

**Birthweight**

Birthweight should be entered in the following format:  
\_\_\_ lbs. \_\_\_ oz.

Enter:99 in the lbs. field if Unknown

**Date Lost Custody**

When applicable, enter the date a client lost custody of the child. Otherwise, leave blank.

**Date Child Died**

When applicable, enter the date the child died. Otherwise, leave blank.