

PROVIDER:

ILLINOIS DEPARTMENT OF HUMAN SERVICES

Division of Alcoholism and Substance Abuse

AUTOMATED REPORTING AND TRACKING SYSTEM

CHILDCARE RESIDENTIAL SERVICE REPORTING SCREEN

YEAR:

UNIT: PROGRAM:

MONTH:

PATIENT #1

Funding Code: Child's Unique Identifier:

Billing Begin Date: / /

Billing End Date: / /

Birth Date: / / Sex:

Parent's Unique Client/Patient Identifier: Revision Code:

PATIENT #2

Funding Code: 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

Dedicated Funding Category: **SELECT ONLY ONE**

☐ D = DCFS

☐ N = None