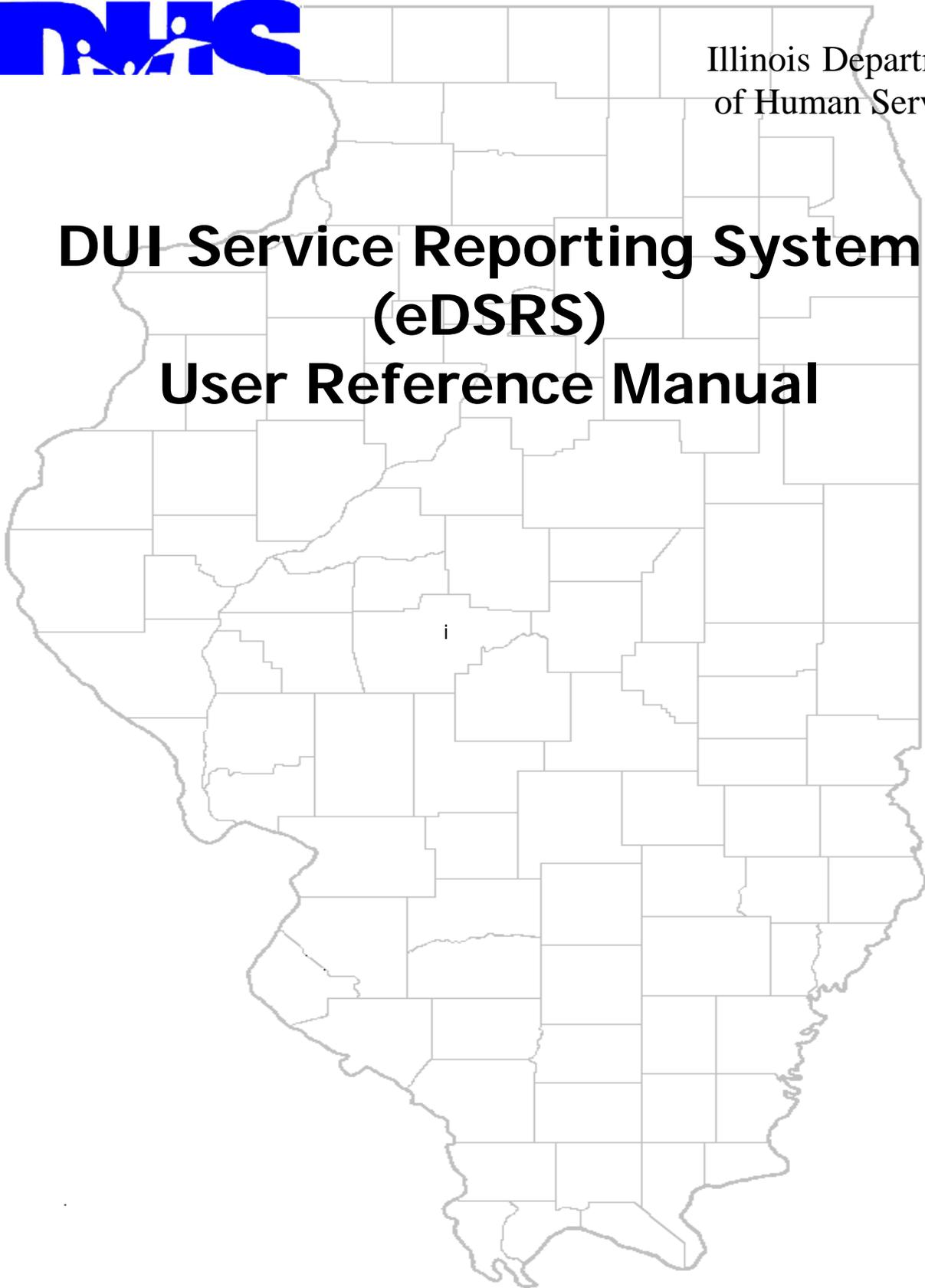




Illinois Department
of Human Services

DUI Service Reporting System (eDSRS) User Reference Manual



Last Update: 14 November 2011

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SECTION 1 - INTRODUCTION

The Unified Health Systems DUI Service Reporting System (eDSRS) application is designed to generate the Alcohol and Drug Evaluation Uniform Report and other forms and reports associated with a DUI Evaluation or DUI Risk Education program for individuals who have violated Illinois laws relative to driving under the influence of alcohol or other drugs. It also submits bills for reimbursement from the Drunk and Drugged Driving Prevention Fund (DDDPF).

eDSRS **must** be used by every licensed DUI Evaluation and DUI Risk Education provider in accordance with the provisions of the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-1], and the rules and regulations promulgated under this Act, Part 2060. The forms, documenting the results of the DUI Evaluation or Risk Education, are produced from eDSRS and are the only documents that should be submitted to the Circuit Court of Venue or the Office of the Secretary of State.

Drunk and Drugged Driving Prevention Fund

The Drunk and Drugged Driving Prevention Fund (DDDPF) was authorized by the Illinois General Assembly in Public Act 85-1304 in order to make Evaluation and Risk Education services available to DUI offenders who have inadequate financial resources. All providers with a valid DUI Evaluation or DUI Risk Education license must serve indigent DUI offenders and should submit bills for reimbursement using eDSRS.

The only reimbursable services from DDDPF are DUI Evaluation and DUI Risk Education. DUI Evaluations shall be limited to one evaluation per offender per DUI episode. DUI Risk Education shall be limited to one completed course per offender per DUI episode. For billing purposes the unit of service shall be one completed evaluation or course as described in part 2060. In order to submit a claim for reimbursement from the Drunk or Drugged Driving Prevention Fund, a provider must verify that the offender's annual income and dependents meet the following poverty guidelines issued by the U.S. Department of Health and Human Services, Washington, D.C. (Federal Register, Vol. 76, No. 13, January 20, 2011, pp. 3637-3638):

Number of Dependents	Annual Income
1	\$10,890
2	\$14,710
3	\$18,530
4	\$22,350
5	\$26,170
6	\$29,990
7	\$33,810
8	\$37,630
For each additional person,	add \$3,820

The "Qualifications for DUI Services as an Indigent" form [IL-444-2034] is generated by eDSRS. This form and the most recently filed Federal or State Income Tax Return or any notarized document attesting to any change in status since the last filing must be maintained in the offender's record. Other supporting documentation can include and may help prove indigent status: unemployment security documentation, pension information, retirement information, pay check stubs, SSI, Medicaid IDHFS Recipient (ID card/award letter), or a notarized affidavit of assets and liabilities. These forms and any supporting documentation **should not** be submitted to the Department of Human Services, Division of Alcoholism and Substance Abuse (DASA).

For State Fiscal Year 2012, the rate of reimbursement from the DDDPF is \$135.00 for an Evaluation and \$110.00 for Risk Education. The provider may assess an additional indigent fee if the provider's usual and customary charge exceeds the rate. In all cases, the indigent fee may not exceed the difference between the rate and the usual and customary charge for the service. All reasonable efforts shall be made to collect any assessed indigent fee from the offender prior to completion of the Evaluation or Risk Education service. However, if the fee is not collected from the indigent offender by the completion of services, the evaluation or certificate of completion for Risk Education shall still be released to the appropriate Circuit Court of Venue or the Office of the Secretary of State.

Claims for reimbursement will be processed in the order received according to the following billing procedures: Providers must submit a bill within 30 days after the end of the month in which the service was provided. Services to the indigent DUI offender must be complete prior to billing. Billing for partial or incomplete services is not allowed. Should two bills be submitted for the same DUI offender for the same service for the same episode, the first bill alone shall be reimbursed.

DASA may conduct periodic post-payment audits of indigent DUI offender records for which reimbursement was sought to determine if the services billed for were conducted in accordance with the established standards and to ensure offender eligibility and financial status. If such audit reveals that the provider does not have the required supporting documentation, a demand for repayment will be sent to the provider showing why payment was improper. If the provider does not prove that payment was proper within 30 days of this notification, a "Final Notice of Intent to Recover Unsubstantiated Billings" will be sent to initiate recovery of the amount in question. Upon receipt of this final notice, the provider may request an informal review regarding the recovery of DDDPF disbursement. The request must be submitted in writing, along with any supporting documentation, within ten working days after the date of receipt of the notice. Providers will be notified of the resolution of the informal review. DDDPF funds will be recouped via certified cashier's check or money order due and payable within thirty calendar days of receipt of the final notice or ten calendar days after notice of resolution of the informal review, if one is requested.

Contact Information

Questions concerning the eDSRS application should be directed to the MIS Unified Health Systems Help Desk by e-mail at dhs.uhsinfo@illinois.gov.

Questions concerning DUI policy should be directed to the DHS Division of Alcoholism and Substance Abuse Help Desk by e-mail at dhs.dasahelp@illinois.gov.

SECTION 2 – GENERAL SYSTEM INFORMATION

System Requirements

All licensed DUI Evaluation and DUI Risk Education providers must have internet service and maintain an active email account. Changes to email account addresses must be submitted to DHS/DASA by email DHS.dasahelp@illinois.gov. The following computer specifications were established by Management Information Services based on eDSRS requirements as currently developed. Your computer will need to meet (or exceed) the following specifications:

Required

Internet Explorer (IE) Version 7 or Mozilla Firefox Version 4

Recommended

High Speed Internet Connection
Wide-Screen Monitor (16x9)

System Security

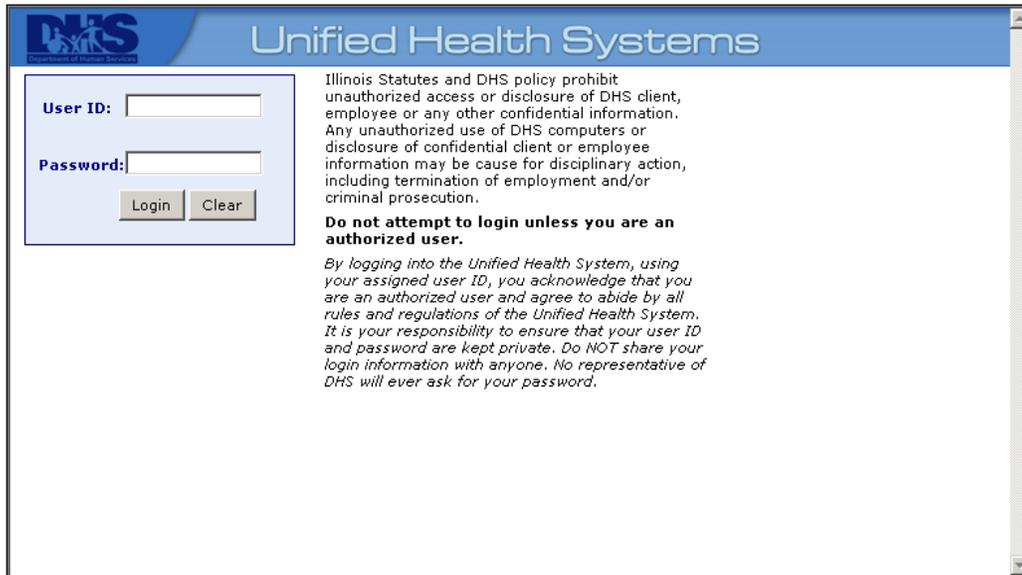
The eDSRS application uses Secure Socket Layers (SSL) encryption which is the industry-standard security system and meets the Health Insurance Portability and Accountability Act (HIPAA) compliance standards.

Worker Registration and Security Roles

Each eDSRS worker must register with DHS in order to receive appropriate system access for their security role(s). Access to the UHS web-based application requires entry and approval of the email address used for registration into the Tivoli Access Manager (TAM) as required by the DHS MIS Bureau of Security and Quality Assurance (BSQA). During the registration process, workers indicate the roles they desire and the appropriate approving entity will either grant or deny the access. A worker may have one or all four security roles.

Security Role	Approving Entity	Responsibilities
Provider Representative	DHS/DASA	This worker is responsible for the overall operations at the provider.
Provider Administration	Provider Representative	This worker is responsible for daily business operations. A list of workers awaiting TAM approval will be displayed on the home page. This worker will manage Provider Entrants (change status to active or inactive, update credentials, etc). This role also may allow changes to Evaluations after marked as completed.
Provider Fiscal Operations	Provider Administration	This worker is responsible for the financial aspect and approving DDDPF bills for submission to DHS then tracking vouchers.
Provider Entrant	Provider Administration	This worker is responsible for entering Evaluation and/or Risk Education data (evaluator/instructor). Provider Entrants must have the appropriate credentials in order to enter Evaluation information.

Login



Unified Health Systems

User ID:

Password:

Login Clear

Illinois Statutes and DHS policy prohibit unauthorized access or disclosure of DHS client, employee or any other confidential information. Any unauthorized use of DHS computers or disclosure of confidential client or employee information may be cause for disciplinary action, including termination of employment and/or criminal prosecution.

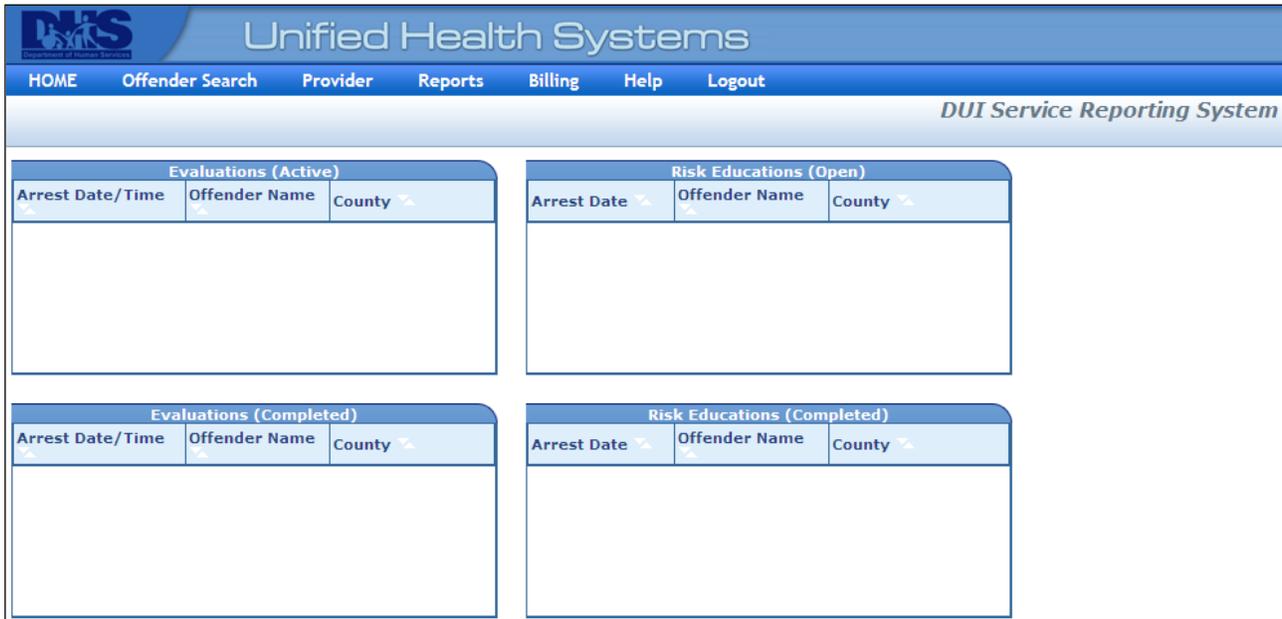
Do not attempt to login unless you are an authorized user.

By logging into the Unified Health System, using your assigned user ID, you acknowledge that you are an authorized user and agree to abide by all rules and regulations of the Unified Health System. It is your responsibility to ensure that your user ID and password are kept private. Do NOT share your login information with anyone. No representative of DHS will ever ask for your password.

The Unified Health Systems eDSRS application may be accessed by entering the URL <https://dui.dhs.illinois.gov/duisecure/dui> in the address line of your browser. This is the first page that the user will see once they have accessed the Unified Health Systems application.

1. The user should type in his/her User ID. The User ID will be the email address used for eDSRS registration.
2. After entry of a valid User ID, the application prompts the user for a "Password". The user should type in his/her unique password. When the password is entered, it will not be visible. Passwords must be eight characters in length and contain at least one letter, one number, and one special character (#, @, etc). The password **MUST** be changed every 30 days to keep it active. For TAM password assistance, email the DHS MIS Bureau of Security and Quality Assurance (BSQA) at the following address: dhs.passwordresets@illinois.gov
 - The user must not login to the application, unless the user has followed the logout procedures. To logoff the application, click "**Logoff**" on the menu bar at the top of the page.
 - The user should only have one active session of Unified Health Systems running at a time.
3. The user must select "**Login**". The worker's eDSRS Home Page will be displayed.

Worker Home Page



The **eDSRS Worker Home Page** is displayed after logging into the application. The information shown on this page will be dependent upon the worker’s security role. **Help** on the menu bar displays a drop down list which includes the *eDSRS User Reference Manual*, access to *Provider Administration* and *System Message Administration* functions, and information *About* the application and technical assistance information.

Active *Evaluations/Risk Educations* will be displayed with *Arrest Date/Time*, *Offender Name*, and *County*. *Arrest Date/Time* is a link that when clicked on will display the **Evaluation** page or **Risk Education** page depending on what is in progress. *Offender Name* is a link that when clicked on will display the **Offender Summary** page for the offender. *Services Ready for Billing Approval* will display the *Evaluator Name*, *Offender Name*, *Completion Date* and *Service Type*. Depending on the role of the worker there will also be a section for *Notifications* when a site’s license or service provider certification/license are about to expire.

Unlocking A Completed Evaluation

After an Evaluation or Risk Education has been completed and it becomes necessary to change its information, the Provider Administration worker may “unlock” the record for data correction. By clicking “unlock” and selecting **OK** on the window shown below, the record becomes active again and changes may be made.



SECTION 3 – OFFENDER INFORMATION

3.1 OFFENDER SEARCH

<i>Offender Search</i>	
Basic Search Criteria	
Name	
Last Name: <input type="text"/>	Search Type: <input type="text" value="Exact Match"/>
First Name: <input type="text"/>	
Driver's License Number	
License Number: <input type="text"/>	
Additional Search Criteria	
Date of Birth: <input type="text"/>	Match By: <input type="text" value="Exact Match"/>
Gender: <input type="text"/>	
City: <input type="text"/>	State: <input type="text"/>
Zip Code: <input type="text"/>	County: <input type="text" value="Unknown"/>
<input type="button" value="Search"/> <input type="button" value="Clear"/> <input type="button" value="Cancel"/>	

The **Offender Search** page is displayed after selecting **Offender Search** on the menu bar. A search is to be implemented to determine if an offender already exists or will need to be added to the system. A basic search must consist of either *Last Name* or *Illinois Driver's License Number*. If *Last Name/First Name* is entered a *Name Search Type* may be selected for *Sounds Like*, *Exact Match* or *Begins With* to limit the number of matches. There is also additional search criteria which may be entered to limit the number of matches. After the selected information has been entered click on **Search**.

3.1 OFFENDER SEARCH – continued

The screenshot shows the 'Offender Search' interface. It is divided into two main sections: 'Basic Search Criteria' and 'Additional Search Criteria'. The 'Basic Search Criteria' section includes fields for 'Name' (Last Name: 'zz', Search Type: 'Begins With', First Name: empty), 'Driver's License Number' (License Number: empty), and 'Additional Search Criteria' (Date of Birth: empty, Match By: 'Exact Match', Gender: empty, City: empty, State: empty, Zip Code: empty, County: 'Unknown'). At the bottom of the criteria section are buttons for 'Add', 'Search', 'Clear', and 'Cancel'. The 'Search Results' section on the right displays the message 'No Results Found.'

When it has been determined that the offender does not exist in the system, the **Offender Search Results** will be displayed with the message *"No Results Found"*. Select **Add** to enter new offender information or **Search** to search for another offender.

The screenshot shows the 'Offender Search' interface with search results. The search criteria are the same as in the previous screenshot, but the 'Last Name' is 'mou'. The 'Search Results' section now displays a table with two rows of results:

Name	City	State	BirthDate	Gender	View Details
Mouse, Mickey	springpatch	IL	06/28/2005	Male	Details
Mouse, Minnie	Springpatch	IL	06/28/2005	Female	Details

When search criteria was entered and a match found, the **Offender Search Results** page will be displayed with a list of the *Name(s)* found for the match. *Name(s)* is a hyperlink which can be clicked on to add/edit Offender information. *Details* is also a hyperlink that will allow viewing only of details on the offender.

3.2 DUI OFFENDER INFORMATION

Add DUI Offender Information

Required Fields *

Driver's License Number(s)

IL License Number or State Id: *

Other License Number: State:

Additional Demographics

Religion: * Interpreter Services: *

Physical or Mental Disability: *

Country: *

Employment Status: *

Occupation: *

Annual Income: * Number of Dependents (Including Self): *

Emergency Contact

Last Name: * First Name: *

Phone:

The **Add DUI Offender Information** page will be displayed when a person is found in the system and DUI offender information is to be added to the system. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Offender Search** page.

3.3 OFFENDER DEMOGRAPHICS

Add Offender

Required Fields *

Legal Name

Last Name: * First Name: * Middle Init:

Driver's License Number(s)

IL License Number or State Id: *

Other License Number: State:

Address

Street Address: *

City: * State: * Zip Code: * -

County: * Country: *

Phone Numbers

Home Phone: * Work Phone: Ext: Cellular Phone:

Additional Demographics

Date of Birth: * Gender: * Marital Status: *

Race: *

American Indian/Alaskan Native Native Hawaiian or Other Pacific Islander
 Asian Unknown
 Black or African American White

Hispanic Origin: * Primary Language: *

Religion: * Interpreter Services: *

Education Level: *

Employment Status: *

Physical or Mental Disability: *

Occupation: * Citizenship: *

Annual Income: * Number of Dependents (Including Self): *

Emergency Contact

Last Name: * First Name: *

Phone:

The **Add Offender** page will be displayed when a new person is to be added to the system. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. When selecting **Race** information, select all of the race groups the offender appears to belong, identifies with, or is regarded in the community as belonging. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to create the Offender record and continue to the **Offender Summary** page or **Cancel** when information has been entered in error and is not to be saved and return to the **Offender Search** page.

3.4 OFFENDER SUMMARY

Offender Summary

<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #4f81bd; color: white; margin: 0;">Legal Name</p> <p>Last Name: Mouse First Name: Minnie Middle Init: J</p> <p style="text-align: right; margin: 0;">Edit</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #4f81bd; color: white; margin: 0;">Address</p> <p>Street Address: 101 N. Main City: Springpatch State: Illinois ZipCode: 62526 - 1234 County: Champaign</p> <p style="text-align: right; margin: 0;">Edit</p> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #4f81bd; color: white; margin: 0;">Phones</p> <p>Home Phone: (217) 555-5555 Work Phone: Ext: Cellular Phone:</p> <p style="text-align: right; margin: 0;">Edit</p> </div>	<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <p style="text-align: center; background-color: #4f81bd; color: white; margin: 0;">Demographics</p> <p>IL License # or State ID: M12345678901 Other License #: -</p> <p>Birth Date: 01/29/1980 Gender: Female Race: White Hispanic Origin: Not Hispanic Primary Language: English Education Level: High School Diploma Employment Status: Employed full time (unsubsidized) Annual Income: 100 Number of Dependents (Including Self): 1</p> <p style="text-align: center; margin: 0;"> Indigent Qualification Form View Full Demographics </p> </div>
---	---

<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Arrest Date/Time</th> <th style="text-align: left;">County</th> <th style="text-align: left;">Status</th> </tr> </thead> <tbody> <tr> <td>03/17/2011 - 11:00 PM</td> <td>Douglas</td> <td style="text-align: center;"> Completed (Revised) </td> </tr> </tbody> </table> <p>Site: <input type="text"/> New</p>	Arrest Date/Time	County	Status	03/17/2011 - 11:00 PM	Douglas	Completed (Revised)	<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Arrest Date</th> <th style="text-align: left;">County</th> <th style="text-align: left;">Disposition</th> </tr> </thead> <tbody> <tr> <td colspan="3" style="text-align: center; color: blue;">No Risk Education entries found...</td> </tr> </tbody> </table> <p>Site: <input type="text"/> New</p>	Arrest Date	County	Disposition	No Risk Education entries found...		
Arrest Date/Time	County	Status											
03/17/2011 - 11:00 PM	Douglas	Completed (Revised)											
Arrest Date	County	Disposition											
No Risk Education entries found...													

The **Offender Summary** page will be displayed when an offender name was selected from the **Offender Search Results** page. Hyperlinks are below each section to allow editing of offender information. If an Evaluation or Risk Education is already in progress, click on the desired date of arrest to access the data entry page. If there are no active Evaluation or Risk Education in progress, select the appropriate site then click on **"New"** to add the information.

The official DHS forms for Circuit Courts of venue and Secretary of State may also be printed from the **Offender Summary** page. The appropriate DUI service form can be printed by clicking the desired evaluation or risk education entry's status/disposition when the printer symbol is present. If the offender has qualified as an indigent, the button to print/view the form will be located in the Demographics section.

SECTION 4 – EVALUATION INFORMATION

Evaluation	
Current DUI Arrest Information	✓
Prior Alcohol and Drug Related Driving	*
Significant Alcohol/Drug Use History	*
Objective Test Information	*
Criteria For Substance Abuse	*
Criteria For Substance Dependence	*
Offender Behavior	*
Classification/Minimal Required Intervention	*
Disposition	*

✓ Required fields have been entered
 * Required fields have not been entered

Cancel

The **Evaluation** page is displayed after selecting an evaluation already in progress from the **Offender Summary** page. A green checkmark (✓) next to the evaluation sub-section indicates the information is complete and passed validation; no further required information to be entered. A red asterisk (*) next to the evaluation sub-section indicates the information is incomplete and all required fields have not been entered. The worker can save partial information (to be completed at a later date) without completing all checklist items. All fields are hyperlinks and can be clicked on to access the information on the following pages.

On many of the data collection pages, the response to a question posed may require entry of additional information. In these instances a text box will appear for data entry. These narrative responses will be displayed on the official forms, as appropriate.

When all information has been entered, select **Disposition** to finish the Evaluation process.

If the Disposition selected was for "Completed", the **Alcohol and Drug Evaluation Uniform Report** form can now be printed by clicking on *Print/View Evaluation Form (Completed)*. If the Disposition selected was for "Not Completed", the **Notice of Incomplete/Refused Alcohol and Drug Evaluation** form can now be printed by clicking on *Print/View Evaluation Form (Not Completed)*.

4.1 CURRENT ARREST INFORMATION

Current DUI Arrest Information Results

* Required Fields

Referral Source *

Beginning Date of Evaluation: *

Date of Arrest: * Day of Arrest: Friday

Time of Arrest: (hh:mm am/pm) * :

County of Arrest: *

Blood-Alcohol Concentration (BAC) at Time of Arrest: * (Enter 'RT' if Refused Test or 'NA' for Not Applicable)

Was Blood and/or Urine Testing performed? If yes, please provide results. * Yes No

Specify up to 5 alcohol and/or other drugs consumed which led to this DUI arrest (in order of most to least).*

1. (Most consumed)

2.

3.

4.

5. (Least consumed)

Arrest Substance Narrative

Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

*
(500 characters max)
You have characters left.

Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain. *

Yes No Not Applicable

This page is displayed after selecting **Current DUI Arrest Information** from the **Evaluation** page or **New** from the **Offender Summary** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

4.2 PRIOR ALCOHOL and DRUG RELATED DRIVING

Prior Alcohol And Drug Related Driving Results

Does the offender have any prior alcohol and drug related driving information to be reported? Yes No

Prior Dispositions
 Prior DUI dispositions (list chronologically, from first arrest to most recent, and include out-of-state arrests):

Date of Arrest	Date of Conviction or Court Supervision	Blood Alcohol Concentration (Enter 'RT' if Refused Test or 'NA' if Not Applicable)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Prior Statutory Summary or Suspension
 Prior statutory summary or implied consent suspension (may have same arrest date of DUIs listed above):

Date of Arrest	Effective Date of Suspension	Blood Alcohol Concentration (Enter 'RT' if Refused Test or 'NA' if Not Applicable)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>
<input type="text"/>	<input type="text"/>	. <input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Prior Driving Convictions
 Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):

Date of Arrest	Date of Conviction	Blood Alcohol Concentration (Enter 'RT' if Refused Test or 'NA' if Not Applicable)
(mm/dd/yyyy)	(mm/dd/yyyy)	
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

(Additional dispositions should be listed in an addendum to the Uniform Report)

Zero Tolerance
 Other prior alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

Date of Arrest	Effective Date of Suspension
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

4.2 PRIOR ALCOHOL and DRUG RELATED DRIVING - continued

Illegal Transportation
 Other prior alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or indicated on the driving record (including out-of-state dispositions):

Date of Arrest	Date of Conviction
(mm/dd/yyyy)	(mm/dd/yyyy)
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Driving Record Discrepancies
 Were there any discrepancies between information reported by the offender and information on the driving record? If yes, please provide results.

Yes No

Substance Use
 List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions):
 (500 characters max)
 You have 500 characters left.

Boating/Snowmobiling
 Prior boating/snowmobiling under the influence arrests as reported by the offender (including out-of-state dispositions):
 (500 characters max)
 You have 500 characters left.

This page is displayed after selecting *Prior Alcohol and Drug Related Driving* from the **Evaluation** page and indicating there is prior alcohol and drug related driving information to be reported. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

4.3 SIGNIFICANT ALCOHOL/DRUG USE HISTORY

Add Significant Alcohol/Drug Use History

* Required Fields

Chronological History

Provide a complete and accurate chronological history of the offender's alcohol and drug use from the onset of use up to and including his/her last alcohol/drug-related arrest and from the last alcohol/drug-related arrest through the date of this evaluation and/or current abstinent date. Report alcohol/drug use by frequency, type, amount, and duration of said patterns with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications and any drug use, amounts needed to become intoxicated. List the dates and locations of all prior attempts the offender has made to limit consumption or achieve abstinence as a means to avoid any further consequences of substance use. List the dates and locations of all services the offender has received where substance use was a primary or contributing factor for attendance. These can include, but are not limited to medical care, mental health services, relationship or pastoral counseling, Employee Assistance Programs (EAP), and Student Assistance Programs (SAP). List the dates and locations of all previous substance abuse treatment and intervention services. Indicate if mixed drinks are single shot, doubles, or free poured; indicate if beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce or 40-ounce containers; and indicate the glass size in ounces if consuming wine or mixed drinks. Report offender's first intoxication and whether offender exhibited vivid recall of this event. Report when offender first exhibited alcohol and drug related problems.

Alcohol/Drug	Age of First Use	Age of First Intoxication (Enter 'NA' if Not Applicable)	Age of Regular Use	Date of Last Use
<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *	<input type="text" value=""/> *
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>
<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>	<input type="text" value=""/>

Chronological History Narrative: *
(2000 characters max)
You have characters left.

Current Medications

Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medication and whether he/she has ever illegally obtained prescription medication.

Applicable Not Applicable

Family Member Addictions

Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.

Applicable Not Applicable

Peer Group Addictions

Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.

Applicable Not Applicable

Significant Other Interview

Identify the significant other and summarize the information obtained in the interview.

Applicable Not Applicable

Treatment Programs

Provide the names, locations, and dates of any treatment programs reported by the offender.

Applicable Not Applicable

Support Groups

Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement

Applicable Not Applicable

4.3 SIGNIFICANT ALCOHOL/DRUG USE HISTORY – continued

This page is displayed after selecting *Significant Alcohol/Drug Use History* from the Evaluation page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select *Save* to save the information or *Cancel* when information has been entered in error and is not to be saved. This will then return to the Evaluation page.

4.4 OBJECTIVE TEST INFORMATION

Objective Test Information Results

** Results from at least one test is required. **

Mortimer/Filkins Score: Category:

Adult Substance Use and Driving Survey (ASUDS) Score:

Driver Risk Inventory (DRI) Scales and Risk Ranges

Validity Scale:

Alcohol Scale:

Driver Risk Scale:

Drugs Scale:

Stress Coping Abilities Scales:

This page is displayed after selecting **Objective Test Information** from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

4.5 CRITERIA FOR SUBSTANCE ABUSE

Substance Abuse Results

* Required Fields

Substance Abuse Criteria

Identify any Substance Abuse criteria that have occurred repeatedly during the same 12-month period or been persistent. This may be done using the offender's current presentation or by the appearance of symptoms judged to be a new episode of previously met Substance Abuse criteria even before the full criteria is met.

Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home

Recurrent substance use in situations in which it is physically hazardous.

Recurrent substance related legal problems.

Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance.

Substance Abuse History

Does the offender have a prior history meeting criteria for Substance Abuse? If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of risk assessment. *

Yes No

This page is displayed after selecting *Criteria for Substance Abuse* from the Evaluation page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the Evaluation page.

4.6 CRITERIA FOR SUBSTANCE DEPENDENCE

Add Substance Dependence

Substance Dependence Criteria
Identify any Substance Dependence criteria occurring any time in the same 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission. (Any combination of three or more indicates dependence)

Tolerance - Either a need for markedly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance.

Withdrawal - As manifested by either the characteristic withdrawal syndrome for the substance or the same or closely-related substance is taken to relieve or avoid withdrawal symptoms.

The substance is often taken in larger amounts or over a longer period than was intended.

There is a persistent desire or unsuccessful efforts to cut down or control substance use (including prior periods of abstinence).

A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.

Important social, occupational, or recreational activities are given up or reduced because of substance use.

The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

Remission Status
If the offender meets Substance Dependence criteria based on a past episode and is now assessed as being in remission, identify and describe * the course specifier that reflects the offender's current status.

Sustained Full Remission Early Full Remission Early Partial Remission Sustained Partial Remission Not Applicable

Substance Dependence History
Has the offender ever met Substance Dependence criteria by prior history but is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of risk assessment. The explanation must include the length of time since last period of disturbance, the total duration of the disturbance, and any need for continued evaluation.

* Yes No

This page is displayed after selecting *Criteria for Substance Dependence* from the Evaluation page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the Evaluation page.

4.7 OFFENDER BEHAVIOR

Add Offender Behavior

* Required Fields

Offender Behavior Responses

Were the offender's behavior and responses consistent, reliable, and non-evasive? *

(500 characters max)
You have characters left.

Offender Behavior Disorders

Identify indications or any significant physical, emotional/mental health, or psychiatric disorders.

(500 characters max)
You have characters left.

Offender Behavior Assistance

Identify any special assistance provided to the offender in order to complete the evaluation.

(500 characters max)
You have characters left.

Offender Evaluation Location

Where was the offender interview conducted? *

Licensed Site Non-Licensed Site

This page is displayed after selecting *Offender Behavior* from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

4.8 CLASSIFICATION/ MINIMAL REQUIRED INTERVENTION

Add Classification/Minimal Required Intervention

* Required Fields

Classification: Moderate Risk

Discuss how corroborative information from both the interview and objective test either correlates or does not correlate with the information obtained from the DUI/alcohol/drug offender. *

(500 characters max)
You have characters left.

Minimal Required Intervention:

MODERATE RISK: Completion of a minimum of 10 hours of DUI Risk Education, and a minimum of 12 hours of early intervention provider over a minimum consecutive days, subsequent completion of any and all necessary of four weeks with no more than three hours per day in any seven treatment, and, after discharge, active on going participation in all activities specified in the continuing care plan, if so recommended, following completion of the early intervention.

The offender was referred as follows: *

(250 characters max)
You have characters left.

This page is displayed after selecting *Classification/Minimal Required Intervention* from the **Evaluation** page. Fields marked with an asterisk (*) are required but it is recommended to fill in all information that is available. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page.

4.9 EVALUATION DISPOSITION

Add Disposition

* Required Fields

Disposition *

Active

Completed

Not Completed

Entered in Error

Number of Appointments: *

Hours for Interviews: *

Hours for Paperwork: *

Save Cancel

This page is displayed after selecting *Disposition* from the **Evaluation** page. Fields marked with an asterisk (*) are required. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page. Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Evaluation** page after the verification process is complete.

When *Completed* is selected, the screen will expand to collect the date on which the evaluation was completed.

Disposition *

Active/In Progress

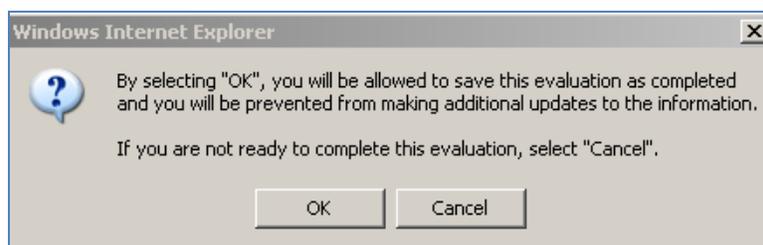
Completed

Not Completed

Entered in Error

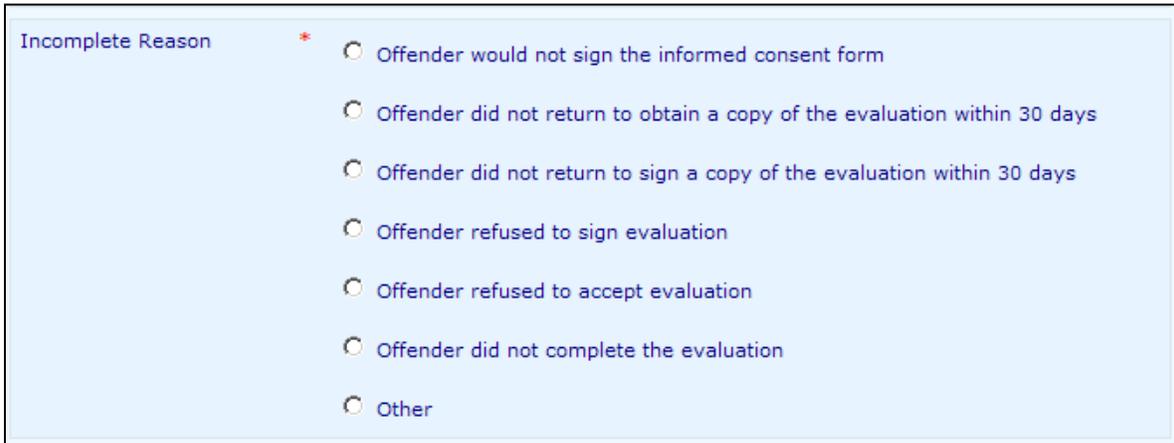
Completion Date of Evaluation: *

Select **Save** to save the information as *Completed*. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.



4.9 EVALUATION DISPOSITION - continued

When *Not Completed* is selected, the following screen will appear to select the reason why the evaluation could not be completed.



The screenshot shows a dialog box titled "Incomplete Reason" with a red asterisk icon. It contains a list of seven radio button options:

- Offender would not sign the informed consent form
- Offender did not return to obtain a copy of the evaluation within 30 days
- Offender did not return to sign a copy of the evaluation within 30 days
- Offender refused to sign evaluation
- Offender refused to accept evaluation
- Offender did not complete the evaluation
- Other

Select **Save** to save the information as *Not Completed*. The following window will appear for verification. After selecting **OK** on the window, no changes can be made to the Evaluation information.



When *Entered in Error* is selected, select **Save** and the following window will appear for verification. After selecting **OK** on the window, the Evaluation information will be permanently deleted.



SECTION 5 – RISK EDUCATION INFORMATION

5.1 RISK EDUCATION

Add Risk Education * Required Fields

Offender Information
 Last Name: **Flanders** First Name: **Jack** Middle Initial: **A** IL Drivers License: **ABC123456789**

Arrest Information
 Date of Arrest: *
 County of Arrest: *

Attendance Dates
 Date 1: * Date 2: Date 3: Date 4:
 Date 5: Date 6: Date 7: Date 8:

Test Scores/Hours Met
 Pre Test Score: * Post Test Score:
 Hours Met Indicator: Yes No

Hours Met Narrative:
 (250 characters max)
 You have characters left.

The **Risk Education** page is displayed after selecting a risk education already in progress or **New** from the **Offender Summary** page. Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. The worker can save partial information (to be completed at a later date) without completing all items. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

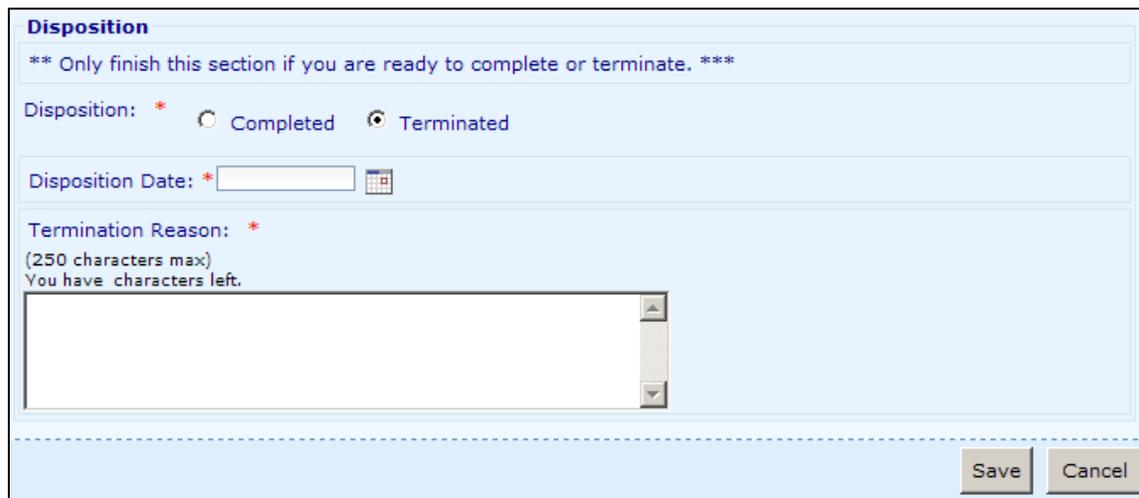
Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Offender Summary** page.

5.2 RISK EDUCATION DISPOSITION

Select **Complete/Terminate** on the previous screen to enter the disposition. The following window will appear.



After selecting **OK** on the window above, the Disposition area will be displayed on the screen. Once the appropriate disposition has been saved, no changes can be made to the Risk Education information.



Once the Disposition is selected, the **Certificate of Completion** or **Notice of Involuntary Termination** form can be printed from the **Offender Summary** page. Risk Education Certificate of Completion forms may be run within 6 months.

SECTION 6 – PROVIDER INFORMATION

6.1 PROVIDER INFORMATION

Provider Summary (Provider: Test Provider)		
Provider Name: Test Provider FEIN: 123456789 DASA Provider ID: 9999		
Street Address: 1313 Mockingbird Ln		
City: Springpatch State: Illinois ZipCode: 62701 County: Sangamon		
Phone Number: (217) 555-5555		
Representative - Name: Herman Munster Phone Number: (217) 555-9999 Email Address: TestProv@work.com		
Site(s)		
License Number	Site Name	License Expiration Date
A-9999-0000-A	Test Site	06/30/2012
Evaluator(s)		
Evaluator Name	Email Address	Employment Status

Select **Provider** from the menu bar to display the **Provider Summary** page. All licensed sites and evaluators will be displayed with a hyperlink to detailed information. Click on **Search/Add Evaluator** to enter a new evaluator or click on the **Evaluator Name** hyperlink to view/change information on an existing evaluator.

Provider and site information can only be changed by the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse.

6.2 SITE INFORMATION

License Number: A-9999-0000-A Site Name: Test Site
Approval Date: 07/01/2011 Expiration Date: 06/30/2012 Effective Date: 07/01/2011 Termination Date: 01/01/9999
Street Address: 1313 Mockingbird Ln City: Springpatch State: Illinois ZipCode: 62701 County: Sangamon Phone Number: (217) 555-5555
Representative) Name: Eddie Munster Phone Number: Email Address: TestSite@work.com
<u>Services Provided</u> <ul style="list-style-type: none">• DUI Evaluation• DUI Risk Education• Level I Outpatient (Adult)• Level I Outpatient (Adolescent)• Level II Intensive Outpatient (Adult)• Level II Intensive Outpatient (Adolescent)

The **Site Information** window is displayed after selecting *Provider* from the menu bar and clicking on the *License Number* hyperlink for a specific licensed site listed on the page. Close the window to return to the **Provider Summary** page.

6.3 EVALUATOR SEARCH

The screenshot shows a web form titled "Evaluator Search". Below the title is a section header "Search Criteria". To the right of this header is a red asterisk and the text "* Required Field". Below this is a text input field labeled "Evaluator Email: *". At the bottom right of the form are three buttons: "Search", "Clear", and "Cancel".

The **Evaluator Search** page is displayed after selecting **Provider** from the menu bar and clicking **Search/Add Evaluator** in the *Evaluator(s)* window. Enter the evaluator's email address and select **Search**.

If an evaluator has not registered with DHS, the following screen will be displayed. Select **Cancel** to return to the **Provider Summary** page.

The screenshot shows a web form titled "Evaluator Results". Below the title is a message in blue text: "Evaluator must be registered in TAM." At the bottom right of the form is a "Cancel" button.

If an evaluator has registered with DHS but has not been associated with the provider, the following screen will be displayed. Select **Add** to enter the evaluator information. Select **Cancel** to return to the **Provider Summary** page.

The screenshot shows a web form titled "Evaluator Results". Below the title is a message in blue text: "No Results Found." At the bottom right of the form are two buttons: "Add" and "Cancel".

6.4 EVALUATOR INFORMATION

Add Evaluator

* Required Fields

Evaluator Information

Evaluator Email Address: **puppy@home.com**

Last Name:* First Name:* Middle Initial:

DUI Orientation Status: * Yes No

Employment Status: * Active Inactive

*** At least one Expiration Date must be entered ***

Credentials	Expiration Date (mm/dd/yyyy)
Certified Advanced Alcohol & Other Drug Abuse Counselor (CAADC)	<input type="text"/>
Certified Alcohol, Tobacco & Other Drug Abuse Preventionist (CADP) - Risk Ed Only	<input type="text"/>
Certified Alcohol & Drug Counselor (CADC)	<input type="text"/>
Certified Assessment & Referral Specialist (CARS)	<input type="text"/>
Certified Reciprocal Alcohol & Other Drug Abuse Counselor (CRADC)	<input type="text"/>
Certified Supervisor Alcohol & Other Drug Abuse Counselor (CSADC)	<input type="text"/>
Certified Senior Alcohol, Tobacco & Other Drug Abuse Preventionist (CSADP) - Risk Ed Only	<input type="text"/>
Doctor of Medicine (MD)	<input type="text"/>
Doctor of Osteopathy (DO)	<input type="text"/>
Licensed Clinical Professional Counselor (LCPC)	<input type="text"/>
Licensed Clinical Psychologist (LCP)	<input type="text"/>
Licensed Clinical Social Worker (LCSW)	<input type="text"/>
Licensed Professional Counselor (LPC)	<input type="text"/>
Licensed Social Worker (LSW)	<input type="text"/>

The **Evaluator** page will be displayed after an existing evaluator was selected on the **Provider Summary** page or **Add** was selected on the **Evaluator Search** page. Fields marked with an asterisk (*) are required fields but it is recommended to fill in all information that is available. Dates may be entered or selected by clicking on the calendar and selecting the appropriate date. If the entry has an error(s), a message explaining the reason for the error condition will be displayed at the top of the page.

Select **Save** to save the information or **Cancel** when information has been entered in error and is not to be saved. This will then return to the **Provider Summary** page.

SECTION 7 – DDDPF BILLING/VOUCHERS

The **DDDPF Billing Approval** and **DDDPF Vouchers** pages are displayed by selecting *Billing* from the Menu Bar and selecting either *Billing Approval* or *Vouchers* from the drop down list.

7.1 DDDPF BILLING APPROVAL

The screenshot shows the 'DDDPF Billing Approval' web application interface. At the top, there is a header bar with the title 'DDDPF Billing Approval'. Below the header, there is a checkbox labeled 'Select/Deselect All for Approval'. Underneath the checkbox is a table with six columns: 'Approval Indicator', 'Service Type', 'Evaluator Name', 'Offender Name', 'Completion Date', and 'Bill Amount'. Each column header has a small downward arrow indicating a dropdown menu. At the bottom right of the table area, there are two buttons: 'Save' and 'Cancel'.

The **DDDPF Billing Approval** page displays the DDDPF billings for DUI offenders that have met the qualifications for inadequate financial resources. The type of service, evaluator name, offender name, service completion date, and bill amount are displayed on the screen. The Provider Fiscal worker must mark the *Approval Indicator* in order for the bills to be submitted for reimbursement. DDDPF bills will only be displayed and billable when they are within the last day of the succeeding month from the completion date of the service. If the DDDPF does not have sufficient funds, no bills may be submitted to DHS.

7.2 DDDPF SUBMITTED VOUCHERS

DDDPF Submitted Vouchers				
Voucher Date	Voucher Number	Total Amount	Voucher Status	Warrant Date
Cancel				

The **DDDPF Submitted Vouchers** page displays the submitted vouchers with the Voucher Date, Voucher Number, Total Amount, Voucher Status and Warrant Date.

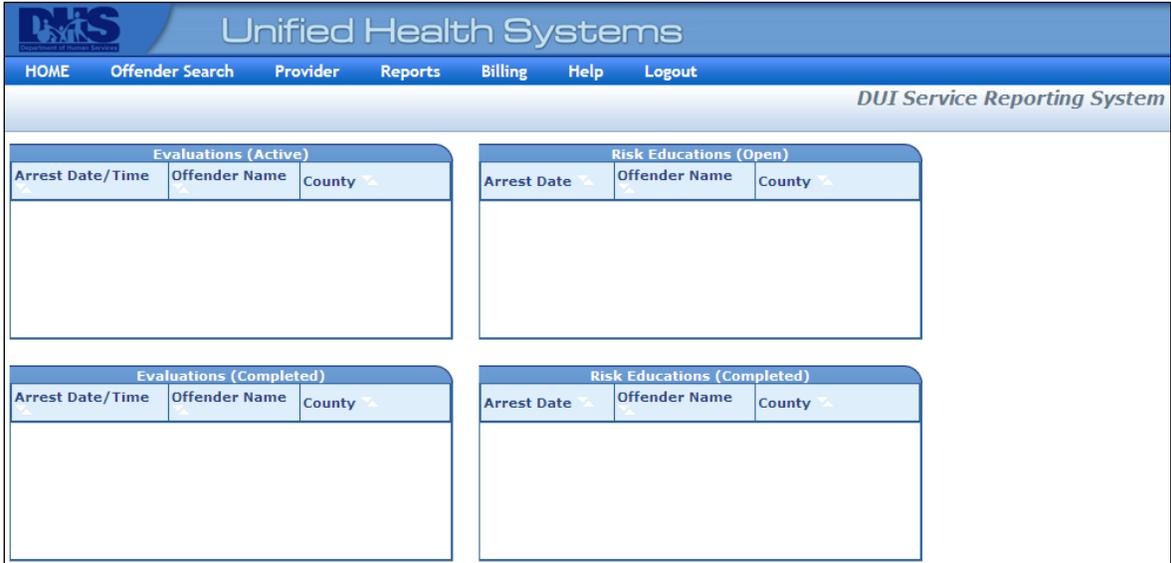
The values for Voucher Status are:

- New - no voucher has been issued
- DHS - is in processing at DHS, not sent to Comptrollers
- Comptroller - has been sent to Comptroller's Office, no waiver as yet
- Paid - Comptroller has issued a warrant and
- Voucher Missing - voucher is missing from DHS and Comptroller's office

The *Voucher Number* is a link that when clicked on will display the **Voucher Details** page. This page will display the breakdown of billing information on the particular voucher.

Voucher Number: LDD000733				
Voucher Details				
Evaluator Name	Offender Name	Bill Amount	Service Type	Completion Date

SECTION 8 – STATISTICAL REPORTS



The statistical reports are generated using the InfoView application and may be accessed by selecting *Reports* from the Menu Bar. A separate window will be displayed to access the application.

This section is under construction

APPENDIX A – DHS FORMS

IL 444-2030

Upon successful completion of an alcohol/drug evaluation, the DHS Alcohol and Drug Evaluation Uniform Report form (IL 444-2030) shall be provided directly to the circuit court of venue and a copy given to the offender.

State of Illinois Department of Human Services		
Alcohol and Drug Evaluation Uniform Report		
<u>PART 1. OFFENDER INFORMATION</u>		
Offender Name:		
IL Driver's License Number or State ID:		
Other Valid Driver's License Number:		
Home Address:		
County of Residence:	Citizenship:	
Phone Number(s):		
Date of Birth:	Age:	Gender:
Race(s):		
Hispanic Origin:	Primary Language:	
Marital Status:	Interpreter Services:	
Education Level:		
Employment Status:	Occupation:	
Annual Household Income:	Number of Dependents:	
Physical or Mental Disability:	Religion:	
Emergency Contact Person:		
Contact Phone Number:		
<p>IMPORTANT NOTICE: The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse, is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependency Act (20 ILCS 301/1-1). Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois.</p>		
<p>IL 444-2030(R-10-2011)</p>		

PART 2. CURRENT DUI ARREST INFORMATION

- 2.1 Referral Source:
- 2.2 Beginning Date of Evaluation:
- 2.3 Completion Date of Evaluation:
- 2.4 Date of Arrest:
- 2.5 Time of Arrest:
- 2.6 County of Arrest:
- 2.7 Blood-Alcohol Concentration (BAC) at Time of
- 2.8 Results of Blood and/or Urine

- 2.9 Specify up to five alcohol and/or other drugs consumed which led to this DUI arrest (in order of most to least).

- 2.10 Specify the amount and time frame in which the alcohol and/or drugs were consumed which led to this DUI arrest.

- 2.11 Does the Blood-Alcohol Concentration (BAC) for the current arrest correlate with the offender's reported consumption? If no, please explain.

Alcohol and Drug Evaluation Uniform Report -	Page: 3 of 10	
<u>PART 3. PRIOR ALCOHOL AND DRUG-RELATED DRIVING</u>		
3.1 Prior DUI dispositions (list chronologically, from first arrest to most recent, and include out-of- state arrests):		
Date of Arrest	Date of Conviction or Court Supervision	BAC
<i>(Additional dispositions should be listed in an addendum to the Uniform Report)</i>		
3.2 Prior statutory summary or implied consent suspension (may have same arrest date of DUIs listed above):		
Date of Arrest	Effective Date of Suspension	BAC
<i>(Additional dispositions should be listed in an addendum to the Uniform Report)</i>		
3.3 Prior reckless driving convictions reduced from DUI (may have same arrest date of summary of suspension listed above):		
Date of Arrest	Date of Conviction	BAC
<i>(Additional dispositions should be listed in an addendum to the Uniform Report)</i>		
3.4 Other prior alcohol and/or drug related driving dispositions by type and date of arrest as reported by the offender and/or indicated on the driving record (including out-of-state dispositions).		
<u>Zero Tolerance</u>		<u>Illegal Transportation</u>
Date of Arrest	EffectiveDate of Suspension	Date of Arrest Date of Conviction
IL 444-2030(R-10-2011)		

PART 3. PRIOR ALCOHOL AND DRUG RELATED DRIVING (continued)

- 3.5 Describe any discrepancies between information reported by the offender and information on the driving record.
- 3.6 List all dates, locations, and charges for which the offender has been arrested where substance use, possession, or delivery was a primary or contributing factor (including out-of-state dispositions).
- 3.7 Prior boating/snowmobiling under the influence arrests as reported by the offender (including out-of-state dispositions).

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

4.1 Provide a complete and accurate chronological history of the offender's alcohol and drug use from the onset of use up to and including his/her last alcohol/drug-related arrest and from the last alcohol/drug related arrest through the date of this evaluation and/or current abstinent date. Report alcohol/drug use by frequency, type, amount, and duration of said patterns with a clear and complete explanation for any variance in said patterns. This must include frequency of intoxications and any drug use, amounts needed to become intoxicated. List the dates and locations of all prior attempts the offender has made to limit consumption or achieve abstinence as a means to avoid any further consequences of substance use. List the dates and locations of all services the offender has received where substance use was a primary or contributing factor for attendance. These can include, but are not limited to medical care, mental health services, relationship or pastoral counseling, Employee Assistance Programs (EAP), and Student Assistance Programs (SAP). List the dates and locations of all previous substance abuse treatment and intervention services. Indicate if mixed drinks are single shot, doubles, or free poured; indicate if beers are 12-ounce, 16-ounce, 24-ounce, 32-ounce, or 40-ounce containers; and indicate the glass size in ounces if consuming wine or mixed drinks. Report offender's first intoxication and whether offender exhibited vivid recall of this event. Report when offender first exhibited alcohol and drug related problems.

Alcohol/Drug	Age of First Use	Age of First Intoxication	Age of Regular Use	Date of Last Use
--------------	---------------------	------------------------------	-----------------------	---------------------

Chronological History Narrative:

PART 4. SIGNIFICANT ALCOHOL/DRUG USE HISTORY

- 4.2 Review any prescription or over-the-counter medication the offender is currently taking that has the potential for abuse. List the medication, what it is used for, and how long it has been taken. Report whether the offender has ever abused medications and whether he/she has ever illegally obtained prescription medication.
- 4.3 Specify any immediate family member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the family member is in frequent contact with the offender and whether he/she is still using any substance.
- 4.4 Specify any immediate peer group member(s) with a history of alcoholism, alcohol abuse, drug addiction/abuse, or any other problems related to any substance abuse. State whether the peer group member is in frequent contact with the offender and whether he/she is still using any substance.
- 4.5 Identify the significant other and summarize the information obtained in the interview.
- 4.6 Provide the names, locations, and dates of any treatment programs reported by the offender.
- 4.7 Provide the names of any self help or sobriety based support group participation reported by the offender and the dates of involvement.

PART 5. OBJECTIVE TEST INFORMATION

- 5.1 Mortimer/Filkins Score: Category:
- 5.2 ASUDS-RI Risk Level Guidelines: Score: Category:
- 5.3 Driver Risk Inventory (DRI) Scales and Risk Ranges:
- Validity Scale:
 - Alcohol Scale:
 - Driver Risk Scale:
 - Drugs Scale:
 - Stress Coping Abilities Scale:

PART 6. CRITERIA FOR SUBSTANCE ABUSE

- 6.1 Identify any Substance Abuse criteria that have occurred repeatedly during the same 12 month period or been persistent. This may be done using the offender's current presentation or by the appearance of symptoms judged to be a new episode of previously met Substance Abuse criteria even before the full criteria is met.
- Recurrent substance use resulting in a failure to fulfill major role obligations at work, school or home
 - Recurrent substance use in situations in which it is physically hazardous
 - Recurrent substance related legal problems
 - Continued substance use despite having persistent or recurrent social or interpersonal problems caused or exacerbated by the effects of the substance
- 6.2 Does the offender have a prior history meeting criteria for Substance Abuse? If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of risk assessment.

PART 7. CRITERIA FOR SUBSTANCE DEPENDENCE

7.1 Identify any Substance Dependence criteria occurring any time in the same 12 month period. This may be done using the offender's current presentation or a past episode for which the offender is currently assessed as being in remission (any combination of three or more indicates dependence).

- Tolerance - Either a need for markedly increased amounts of the substance to achieve intoxication or the desired effect, or a markedly diminished effect with continued use of the same amount of the substance.
- Withdrawal - As manifested by either the characteristic withdrawal syndrome for the substance or the same or closely-related substance is taken to relieve or avoid withdrawal symptoms.
- The substance is often taken in larger amounts or over a longer period than was intended.
- There is a persistent desire or unsuccessful efforts to cut down or control substance use (including prior periods of abstinence).
- A great deal of time is spent in activities necessary to obtain the substance, use the substance, or recover from its effects.
- Important social, occupational, or recreational activities are given up or reduced because of substance use.
- The substance use is continued despite knowledge of having a persistent or recurrent physical or psychological problem that is likely to have been caused or exacerbated by the substance.

7.2 If the offender meets Substance Dependence criteria based on a past episode and is now assessed as being in remission, identify and describe the course specifier that reflects the offender's current status.

Current Status:

7.3 Has the offender ever met Substance Dependence criteria by prior history but is now considered recovered (no current Substance Use Disorders)? If yes, please explain when the criteria was met and why it is not clinically significant for the purposes of risk assessment. The explanation must include the length of time since last period of disturbance, the total duration of the disturbance, and any need for continued evaluation.

PART 8. OFFENDER BEHAVIOR

8.1 Were the offender's behavior and responses consistent, reliable, and non-evasive?

8.2 Identify indications or any significant physical, emotional/mental health, or psychiatric disorders.

8.3 Identify any special assistance provided to the offender in order to complete the evaluation.

8.4 Where was the offender interview conducted?

PART 9. CLASSIFICATION

9.1 Classification:

9.2 Discuss how corroborative information from both the interview and the objective test either correlates or does not correlate with the information obtained from the DUI alcohol/drug offender.

PART 10. MINIMAL REQUIRED INTERVENTION

10.1 Minimal Intervention:

10.2 The offender was referred as follows:

PART 11. VERIFICATION

Licensed Site Information:

Name:

Address:

Phone Number:

License Number:

Evaluator Name:

Evaluator Credentials:

Evaluator Verification:

Under penalty of perjury, I affirm that I have accurately summarized the data collected and required in order to complete this evaluation.

Signature: _____ **Date:** _____

Offender Verification:

The information I have provided for this evaluation is true and correct. I have read the information contained in this Alcohol and Drug Evaluation and its recommendations have been explained.

Signature: _____ **Date:** _____

PART 12. DISPOSITION

This evaluation may only be released to the Illinois Circuit Court of venue or its court officials as specified by local court rules, to the Office of the Secretary of State, or to the Illinois Department of Human Services, Division of Alcoholism and Substance Abuse. Any other release requires the written consent of the DUI offender.

If this evaluation was prepared for the Circuit Court, send the signed original to the court in accordance with established local court rules or policy.

If this evaluation was prepared for the Secretary of State, give the signed original to the DUI offender so that it may be presented to the hearing officer at the time of the formal or informal hearing.

IL 444-2031

Upon non-completion of a DUI evaluation, the DHS DUI Evaluation Notice of Incomplete/Refused Alcohol and Drug Evaluation form (IL 444-2031) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

State of Illinois
Department of Human Services

**DUI Evaluation
Notice of Incomplete / Refused Alcohol and Drug Evaluation**

This form serves as official notification that the offender identified below failed or refused to complete an Alcohol and Drug Evaluation as a result of an arrest and/or conviction of DUI.

Offender Information

Name:

Home Address:

Illinois Driver's License Number or State ID:

Other Valid Driver's License Number/State:

Specify the Reason for the Non-Authenticated Evaluation

- Offender would not sign the informed consent form
- Offender did not return to obtain a copy of the evaluation within 30 days
- Offender did not return to sign a copy of the evaluation within 30 days
- Offender refused to sign evaluation
- Offender refused to accept evaluation
- Offender did not complete the evaluation
- Other (please specify):

Licensed Site Information

Name:

Address:

Phone Number:

License Number:

Evaluator Name:

Signature: _____ Date: _____

Disposition of this form is as follows:

For Court referrals send to:
The Circuit Court of venue
individual or office designated
by court policy or rule

For Secretary of State referrals send to:
Marc Loro, Department of Administrative Hearings
Howlett Building, Room 200
Springfield, IL 62756

IL 444-2032

Upon successful completion of a risk education course, the DHS DUI Risk Education Certificate of Completion form (IL 444-2032) shall be issued to an offender.

State of Illinois
Department of Human Services

**DUI Risk Education
Certificate of Completion**

Offender Information

Name: _____
Home Address: _____

County of Arrest: _____

Illinois Driver's License Number or State ID: _____
Other Valid Driver's License Number/State: _____

Risk Education Verification

Did the DUI offender complete a total of at least 10 hours of alcohol and drug education? _____

Test Scores - Pre-test Score: _____ Post-test Score: _____
Please specify the dates the offender attended risk education. _____

Licensed Site Certification

Name: _____
Address: _____

Phone Number: _____
License Number: _____

Instructor Name: _____

Under penalty of perjury, I affirm that the offender listed above has successfully completed DUI risk education and that all the information specified on this form is true and correct.

Signature: _____ Date: _____

IL 444-2032(R-10-11)

IL 444-2033

Upon termination from a risk education course, the DHS DUI Risk Education Notice of Involuntary Termination form (IL 444-2033) shall be sent within five calendar days to the circuit court of venue or the Office of the Secretary of State, whichever is applicable.

State of Illinois
Department of Human Services

**DUI Risk Education
Notice of Involuntary Termination**

This form serves as official notification that the offender identified below
has been involuntarily terminated from a DUI Risk Education program.

Offender Information

Name:

Home Address:

Illinois Driver's License Number or State ID:

Other Valid Driver's License State/Number:

Risk Education Information

Course Start Date:

Course Termination Date:

Reason for Termination:

Licensed Site Information

Name:

Address:

Phone Number:

License Number:

Instructor Name:

Signature: _____ Date: _____

Disposition of this form is as follows:

For Court referrals send to:
The Circuit Court of venue
individual or office designated
by court policy or rule

For Secretary of State referrals send to:
Marc Loro, Department of Administrative Hearings
Howlett Building, Room 200
Springfield, IL 62756

IL 444-2034

Upon verification an offender meets the poverty guidelines issued by the U.S. Department of Health and Human Services, the DHS DUI Evaluation/Risk Education Qualification for DUI Services as an Indigent form (IL 444-2034) shall be maintained in the offender's record.

State of Illinois
 Department of Human Services

**DUI Evaluation/Risk Education
 Qualification for DUI Services as an Indigent**

Offender Information

Name:

IL Driver's License Number or State ID:

Date of Arrest:

County of Arrest:

Specify on the chart below the adjusted gross income and number of dependents as indicated on the most recently filed Federal or State income tax return(s). If there has been any change to the offender's income or dependent status since the last filing or if the offender has never filed a tax return, the offender must provide a notarized document attesting to current status.

<u>Annual Income</u>	<u>Number of Dependents</u>
<input type="checkbox"/> \$00,000 to \$10,890	1 or more
<input type="checkbox"/> \$10,891 to \$14,710	2 or more
<input type="checkbox"/> \$14,711 to \$18,530	3 or more
<input type="checkbox"/> \$18,531 to \$22,350	4 or more
<input type="checkbox"/> \$22,351 to \$26,170	5 or more
<input type="checkbox"/> \$26,171 to \$29,990	6 or more
<input type="checkbox"/> \$29,991 to \$33,810	7 or more
<input type="checkbox"/> \$33,811 to \$37,630	8 or more
<input type="checkbox"/> \$37,631 to \$41,450	9 or more
<input type="checkbox"/> \$41,451 to \$45,270	10 or more

Specify Type of Service(s): Evaluation Risk Education
Post Test Score:

Service Completion Date:

Submitted for Reimbursement?

IMPORTANT NOTICE:
 The Illinois Department of Human Services, Division of Alcoholism and Substance Abuse is requesting disclosure of information that is necessary to accomplish purposes outlined in the Alcoholism and Other Drug Abuse and Dependency Act [20 ILCS 301/1-1]. Failure to provide this information may result in the suspension or revocation of your license to provide DUI services in Illinois.

IL 444-2034(R-10-11)