			Exhibit II	
ILLINOIS DEPARTMENT OF HUMAN SERVICES	(Please check t	he appropriate q	uarter)	
BUREAU OF TITLE XX SOCIAL SERVICES	Qtr 1	Qtr 2	Qtr 3	Qtr 4
2009 QUARTERLY CONTRACT DELIVERABLES	July- Sept	Oct-Dec	Jan-Mar	Apr-June
SERVICE ACTIVITY REPORT				
Provider Name:			Agreement No)
Program Name:				
Program Location:				
Program Type:				
SOC ADJUST/REHAB EMP DEV SERV COMI	P YOUTH DEV	SERVREHA	AB/TREAT AB	USE
TRANSPORTATION COMM. MAINT TREAT	MENT/HABIL	ITATION CA	SE COORD	FAMILY
SUPPORT				
PROTECTIVE INTERVENTION OUTPATIENT_	_ UNMARRIEI	D PARENTS		
	CURRENT	Y-T-D		
NUMBER OF ADULTS (UNDUPLICATED)*				
NUMBER OF CHILDREN (UNDUPLICATED)*				

NUMBER OF ADULTS AND CHILDREN SPEAKING PRIMARY FOREIGN LANGUAGE

(Use codes on reverse):	
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SERVICE ACTIVITY PERTAINING	STAFF	Y-T-D	RTSA RESIDENT	Y-T-D	SENIOR TRANS	Y-T-D
TO PROGRAM TYPE	HOURS	TOTAL	DAYS	TOTAL	ONE-WAY TRIPS	TOTAL
ACTIVITIES PROVIDED						

TOTAL

Number of unduplicated individuals referred to IDHS for:	TANF	Medical Assistance	Food Stamps	Other
Number of unduplicated referred from IDHS with Form 2151: _				

PROVIDER SPECIFIC DELIVERABLES	NO. OF PARTICIPANTS

This is to certify that these services represent true and actual services pursuant to the Agreement, that Title XX eligible services delivered to Title XX eligible recipients, and that appropriate documentation is available to support these services.

Signature:	Date:
Name (Typed):	Telephone Number:

Primary Spoken Language Code

Albanian	SQ	Romanian	RO
Arabic	AR	Russian	RU
Bosnian	BS	Spanish	ES
Bulgarian	BG	Ukrainian	UK
Chinese	ZH	Urdu	UR
English	-	Uzbek	UZ
French	FR	Vietnames	VI
Gujarati	GU	Other-Asia	AS
Khmer	KM	Other-Cen South Am.	CS
Korean	KO	Other-Eur	OE
Lithuania	LT	Other-Indi	IN
Mandigo	MA	Other	OT
Polish	PL		

ILLINOIS DEPARTMENT OF HUMAN SERVICES FISCAL YEAR 2009 DONATED FUNDS INITIATIVE CONTRACT DELIVERABLES SERVICE ACTIVITY REPORT INSTRUCTIONS

The attached form must be used by Title XX DFI providers as the instrument to satisfy the Illinois Department of Human Services requirements for deliverable reporting. The activities listed should be consistent with the service activities pursuant to the agreement's program plan. Prior approval is required before any change to the program plan.

Provider Name:	Enter the name of your a	gency.		
Quarter:	Check the appropriate quarter for which the form is being prepared.			
Agreement Number:	Enter the number of the	DFI agreement as it appears on the upper right-hand corner of the contract.		
Program Name:	Enter the name of the pr	ogram for which statistics are entered.		
Program Location:	Enter the address where	the services are being provided.		
Program Type:	Enter the information fro	om Page 1, Item 8 of the Program Plan Summary.		
Number of Adults (Unduplicated):	Enter the number of adu	Enter the number of adults receiving services during the current quarter (Count only once).		
Year-to-Date:	Enter the total number o	f adults that receive the services for all quarters. (Include duplicated clients).		
Number of Children	(Unduplicated):	Enter the number of children receiving services during the current quarter (Count only once).		
	Number of Children (Unduplicated):	Enter the number of families receiving services during the current quarter (Count only once).		
Year-to-Date:	Enter the total number o	of children that receive the services for all quarters. (Include duplicated clients).		
Foreign Speaking:	Enter the number of per	sons speaking a primary foreign language.		
Activities Provided:		tivities provided to DFI program participants. These services activities should match the ur FY'06 Attachment Cover Sheet – Addendum which is attached to your Fiscal Year 2007 reement.		
Staff Hours:	Enter the actual number activities for the quarter	of staff hours (total of both individual and group hours) utilized to provide the service		
Y-T-D:	Enter the total of all qua	rters' staff hours.		
RTSA Residential Days:	Enter the number of resid	dential days of service provided for the quarter.		
Y-T-D:	Enter the total of all qua	rters' residential days.		
Senior Trans One-Way Trips:	Enter the number of one-	way rides provided for the quarter.		

Exhibit II

Exhibit II CONTRACT DELIVERABLES SERVICE ACTIVITY REPORT INSTRUCTIONS (con't)

Y-T-D:	Enter the total of all quarters' one way rides.
Referrals to IDHS:	Enter the number of unduplicated individuals referred by your agency to IDHS for Temporary Assistance to Needy Families (TANF), Medical Assistance, Food Stamps or other services during the quarter.
Referrals	
from IDHS:	Enter the number of unduplicated individuals referred by IDHS to your agency for services during the quarter.
	These referrals must include the Form 2151 referral form from the referring IDHS caseworker. A copy of the
	form must be maintained in the case record.

*Year-to-Date would include duplicate clients/activities. Also, within each activity clients should be unduplicated however, if more than one activity, clients may be duplicated in multi activities.

**Staff hours include individual and group hours for any activity, therapy, counseling or regimen of treatment involving a participant. Documentation of the services should reflect the amount of staff time required providing the service including a reasonable amount of writ-up or preparation time.

PROVIDER SPECIFIC DELIVERABLES

Enter data for the negotiated provider specific deliverables. Refer to the approved Community Services Agreement, Contract Addendum for the approved deliverables.

Service Statistics are for the Program Location Listed

Effective July 2006