

I. Provider Information

Part A:	General informa	uon		Date Completed:	
Provider N	Name:		Numbe	er: Region:	
Taxpayer	Identification Number	: 			
Address:					
City:		State:	Zip:	Attention:	
_	clude Area Code:			ax Include Area Code:	
		TDD Inc			
Operator	of Business:	Owner o	of Business:		
County Co	ode:	Township/Community Area:		Planning Area:	
Executive	Director:				
1					
Phone Inc	clude Area Code:	Extension	:		
Part B:	Legislative Distr	ricts			
IL Senate	:			U.S. Congressional:	
Part C:	Relationships W	th Other Entities			
	Public Funding Boar	ds:			
	Please list name(s) a	and type(s) of board(s) (708,553	,377) from whic	h you received funding.	
	PAS/ISC Agency:				
	0 , –				
Part D.	Warrant Mailing				
			iled to an addre	ss other than your provider location	 n.
	•	,,		Account Number:	
	Address:				
	City:	State		7in Code:	
	-			Extension:	
	City: Phone Include Area (State: _ Code:			

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II. Satellite Information

Provider Name:		Number: Date:	
Satellite Name:		Number:	
Part A: Physical Location			
Contact Name:			
Address:		Attention:	
City:		Zip:	
Phone Include Area Code:	Extensi	on:	
Fax Include Area Code:	Modem	Include Area Code:	
		Township/Community Area:	
Planning Area:			
PAS/ISC Agency:		PAS MH Agency:	
Part B: Legislative Districts	•		
IL Senate:	IL House:	U.S. Congressional:	
Part C: Mailing Address F	Please complete if diff	erent from physical location	
Name:		Attention:	
Address:		Phone Include Area Code:	Extension:
		Fax Include Area Code:	
City:	State:	Zip:	
Satellite Name:		Number:	
Part A: Physical Location			
Contact Name:		Title:	
Address:		Attention:	
City:	State:	Zip:	
Phone Include Area Code:	Extensi	on:	
Fax Include Area Code:	Modem	Include Area Code:	
Region:	County Code:	Township/Community Area:	
Planning Area:			
PAS/ISC Agency:		PAS MH Agency:	
Part B: Legislative Districts)		
		U.S. Congressional:	
Part C: Mailing Address P	'lease complete if diff	erent from physical location	
Name:			
Address:		Phone Include Area Code:	Extension:
		Fax Include Area Code:	
City:	State:	Zip:	

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State of Illinois Department of Human Services



III. Program Information				
Provider Name:		Number:		Date:
Program Information				
Satellite Name:			Number:	
Program Code: Su	ffix Codes:		Accreditation: _	
Contact Name:		Title:		
Address:		Attention: _		
City: Sta	ate:	Zip:		
Phone Include Area Code:	Extension:		Fax Include Area Code	e:
Total Staff (FTE): Weekly	/ Hours of Operatio	n:	Standard Le	ength of Day:
Direct Care Staff (FTE):				
Distribution of Clients by Illinois House District	t (Total must equal	100%)		
District:				
Percent:				
Program Information				
Satellite Name:				
Program Code: Su	ffix Codes:		Accreditation: _	
Contact Name:		Title:		
Address:		Attention: _		
City: Sta	ate:	Zip:		
Phone Include Area Code:	Extension:		Fax Include Area Code	e:
Total Staff (FTE): Weekly	/ Hours of Operatio	n:	Standard Le	ength of Day:
Direct Care Staff (FTE):				
Distribution of Clients by Illinois House District	t (Total must equal	100%)		
District:				
Percent:				
Program Information				
Satellite Name:			Number:	
Program Code: Su	ffix Codes:		Accreditation: _	
Contact Name:		Title:		
Address:				
City: Sta	ate:	Zip:		
Phone Include Area Code:	Extension:		Fax Include Area Code	e:
Total Staff (FTE): Weekly				
Direct Care Staff (FTE):				
Distribution of Clients by Illinois House District	t (Total must equal	100%)		
District:				
Percent:				

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By Whom?



		Numb	per: Date:	
Satellite Name:			Number:	
Part A. Residence Information				
Residence Name:			Residence Number:	
Contact Name:			Title:	
Address:			Mail to Residence?	
City:	State:	_ Zip: _	Attention:	
Phone Include Area Code:	Extension		_ Fax Include Area Code:	
Region:	County Code:		Township/Community Area:	
Planning Area:				
Part B: Legislative Districts				
IL Senate:	IL House:		U.S. Congressional:	
Part C: Capacity Information				
Licensed/Approved/Certified Capacity:			Non-IDHS Usage:	
By Whom?			Effective Date:	
				Program Code
Satelite Name:			Number:	Program Code
Part A: Residence Information				
Part A: Residence Information Residence Name:			Residence Number:	
Part A: Residence Information Residence Name: Contact Name:			Residence Number: Title:	
Part A: Residence Information Residence Name: Contact Name: Address:			Residence Number: Title: Mail to Residence?	
Part A: Residence Information Residence Name: Contact Name: Address: City:	State:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention:	
Part A: Residence Information Residence Name: Contact Name: Address: City: Phone Include Area Code:	_ State: Extension:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code:	
Part A: Residence Information Residence Name: Contact Name: Address: City: Phone Include Area Code: Region:	State:Extension:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code: Township/Community Area:	
Part A: Residence Information Residence Name: Contact Name: Address: City: Phone Include Area Code: Region: Planning Area:	State:Extension:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code: Township/Community Area:	
Part A: Residence Information Residence Name: Contact Name: Address: City: Phone Include Area Code: Region: Planning Area:	State:Extension:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code: Township/Community Area:	
Part A: Residence Information Residence Name:	State: Extension: County Code:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code: Township/Community Area:	
Part A: Residence Information Residence Name: Contact Name: Address: City: Phone Include Area Code: Region: Planning Area: Part B: Legislative Districts	State: Extension: County Code:	_ Zip: _	Residence Number: Title: Mail to Residence? Attention: Fax Include Area Code: Township/Community Area:	

Use additional forms as needed to provide all necessary information.

Effective Date:

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