



## ENROLLMENT/DISENROLLMENT FORM

### Long Term Care or Residential Facility

Name: \_\_\_\_\_

Address: \_\_\_\_\_

I.D. Number: \_\_\_\_\_

### Day Program

Name: \_\_\_\_\_

Address: \_\_\_\_\_

IDHS AGENCY CODE: \_\_\_\_\_

PARTICIPANT NAME (Last) (First) (M.I.)	PARTICIPANT I.D. NUMBER	PART TIME NUMBER	COS NUMBER	MONTHLY RATE	BEGIN DATE	END DATE

I hereby certify that the above named individual(s) have developmental disabilities and the IDT has determined, based on the assessment, that this Service is appropriate for the individual.

\_\_\_\_\_  
1) Authorized Printed Name and Signature of LTC or Residential Facility Official Date Signed

\_\_\_\_\_  
2) Authorized Printed Name and Signature of Day Program Official Date Signed

Completion mandatory, Ill. Rev. Stat., Ch. 23, P.A. Code, penalty non-payment



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### INSTRUCTIONS

Long Term Care or Residential Facility - Enter the name and address of the facility: it appears on the provider agreement. Enter the facility's 12-digit provider I.D. Number.

Day Program - Enter the name of the Day Program as it appears on the contract between the LTC or residential facility and Day Program. Enter the address to which mail is sent. The Agency Code number is the four-digit identification code assigned by IDHS.

Participants Name - Enter the name as it appears on his/her medical eligibility card.

Participant's I.D. Number (RIN) - Enter the I.D. Number (nine digits) as it appears on his/her medical eligibility card.

Part-time % - If the participant is/was attending Day Programming on a part-time basis, enter the percentage of time, based on a typical five-day week, that the participant is/was scheduled to attend. Examples: Three mornings a week equals 30% (1.5 days/5 days = .30) and two days a week equals 40% (2 days/5 days = .40). Leave blank if the participant attends full time.

COS No. (Category of Service Number) - Enter the DPA category of service the participant is/was receiving as follows: DD/DT - COS 82, ICF/DT - 83.

Monthly Rate - Enter the Day Program's monthly rate to the nearest whole cent.

Beginning Effective Date - Enter the month, day and year the participant first attended the Day Program.

Ending Effective Date - Enter "999999" if enrolling a participant for an indefinite period. Otherwise enter the last day the participant is to attend the program.

Signature:

1. LTC or Residential Facility - Authorized official signs here.
2. Day Program - Authorized official signs here. (Required for all additions or deletions of participants).