State of Illinois
Department of Human Services

DONATED FUNDS INITIATIVE QUARTERLY REPORT

Provider Name: _____

Program Name: _____

Program Location: _____

○ Quarter 1 July -September
○ Quarter 2 October - December
○ Quarter 3 January - March
○ Quarter 4 April - June

Agreement Number: _____

PROGRAM TYPE:

☐ Social Adjustment/Rehabilitation ☐ Employment Development ☐ Transportation ☐ Treatment/Habilitation
☐ Comprehensive Youth Development ☐ Community Maintenance ☐ Rehabilitation/Treatment for Abuse
☐ Family Support ☐ Protective Intervention ☐ Outpatient ☐ Case Coordination ☐ Unmarried Parent

Number of Adults (unduplicated): CURRENT _____

Number of Children (unduplicated): CURRENT _____

Number of Adults and Children speaking primary foreign language : _____ Language Code from Page 2 : _____

Service Activities Pertaining to Program Type	Staff Hours	Residential Days	Sr. Trans One Way Trips
Totals			

Number of unduplicated individuals referred to IDHS for: Temporary Assistance for Needy Families: _____ Food Stamps: _____ Medical Assistance: _____ Other: _____

Number of unduplicated individuals referred from Illinois Department of Human Services with Form 2151: _____

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: _____

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Primary Spoken Language Code

Albanian	SQ	French	FR	Polish	PL	Vietnamese	VI
Arabic	AR	Gujarati	GU	Romanian	RO	Other-Asian	AS
Bosnian	BS	Khmer	KM	Russian	RU	Other-Central/	
Bulgarian	BG	Korean	KO	Spanish	ES	South American	CS
Chinese	ZH	Lithuanian	LT	Ukranian	UK	Other-Eurpose	OE
English	---	Mandigo	MA	Urdu	UR	Other-Indi	IN
				Uzbek US		Other	OT

Donated Funds Initiative Quarterly 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 name of agency

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 program for which statistics are entered.

Program Location: Enter the address where the services are being provided.

Program Type: Enter the information from Page 1, Item 8 of the Program Plan Summary.

Number of Adults (Unduplicated): Enter the number of adults receiving services during the current quarter (Count only once).

Number of Children (Unduplicated): Enter the number of children receiving services during the current quarter (Count only once).

Foreign Speaking: Enter the number of persons speaking a primary foreign language.

Activities Provided: List the direct services activities provided to DFI program participants.

Staff Hours: Enter the actual number of staff hours (total of both individual and group hours) utilized to provide the service activities for the quarter.

Residential Days: Enter the number of residential days of service provided for the quarter.

Senior Transport One-Way Trip: Enter the number of one-way rides provided for the quarter.

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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.

**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 services including a reasonable amount of write-up or preparation time.

Effective July 2013.