State of Illinois
Department of Human Services

Day Program Monthly Attendance Summary

Month/Year: _____ Program Name: _____ Program Code: _____

Name	Social Security Number	TOTAL HOURS/MINUTES ATTENDED EACH DAY OF THE MONTH																															Total Hrs./Min.
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	

This is a summary report to be used for data entry purposes only. The Daily Attendance Record must be used for tracking the more detailed daily attendance information.

Print Form Reset Form

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