State of Illinois
Department of Human Services - Division of Rehabilitation Services
Home Services Program

REPORT OF INJURY TO AN INDIVIDUAL PROVIDER

A report of a work-related injury must be completed within 24 hours of the event. Please call the HSP representative to report the incident, then complete the following questions and fax or mail immediately to DHS-DRS, HSP Labor Relations, 400 W. Lawrence, P.O. Box 19429, Springfield, IL 62794-9429, 217/557-9434 (Fax) for verification.

Individual Providers who are injured in the home and work for an agency should report the injury to their employer.

This form covers only Personal Assistants, Private Duty Certified Nurse Aides, Private Duty Licensed Practical Nurses, Private Duty Registered Nurses, Private Duty Physical Therapists, Private Duty Occupational Therapists, and Private Duty Speech Therapists who are paid through the Home Services Program.

(YOU MUST COMPLETE ALL QUESTIONS)

1. Name of the Individual Provider who was injured: _____

2. Address of the Individual Provider: _____

3. Date of birth: _____ Social Security Number: _____

4. Phone Number of Individual Provider: _____

5. Location and address where the injury occurred: _____

6. Describe how the injury occurred:

7. Explain the type of injury sustained:

8. Was there any lost work time? ☐ Yes ☐ No If so, when did they resume work? _____

9. Date of the injury: _____

10. Time of the injury: _____

11. Name and HSP case number of customer served at time of incident: _____

Signature of person reporting the injury: _____