

PROVIDER:

ILLINOIS DEPARTMENT OF HUMAN SERVICES
Division of Substance Use Prevention and Recovery
AUTOMATED REPORTING AND TRACKING SYSTEM
CHILDCARE RESIDENTIAL SERVICE REPORTING SCREEN

YEAR:

UNIT: PROGRAM:

MONTH:

PATIENT #1

Funding Code: Child's Unique Identifier:

Billing Begin Date: / /

Billing End Date: / /

Birth Date: / / Sex:

Parent's Unique Client/Patient Identifier: Revision Code:

PATIENT #2

Funding Code: Child's Unique Identifier:

Billing Begin Date: / /

Billing End Date: / /

Birth Date: / / Sex:

Parent's Unique Client/Patient Identifier: Revision Code:

Dedicated Funding Category: **SELECT ONLY ONE**

- D = DCFS
- N = None

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