



State of Illinois  
 Department of Human Services - Division of Substance Use Prevention and Recovery  
**HOURLY REPORTING (ASSESSMENT, INTERVENTION, CASE  
 MANAGEMENT, LEVEL 1 AND LEVEL 2, HIV, INTERPRETER)**

PROVIDER: \_\_\_\_\_ UNIT: \_\_\_\_\_ PROGRAM: \_\_\_\_\_ YEAR: \_\_\_\_\_  
 SITE NO.: \_\_\_\_\_ MONTH: \_\_\_\_\_

STAFF I.D.: \_\_\_\_\_ SERVICE DATE: / /

**PATIENT #1**

**PATIENT #2**

FUNDING CODE:	Unique Patient Identifier:	FUNDING CODE:	Unique Patient Identifier:								
Service Type:	Activity Code:	Group I.D.:	Service Type:	Activity Code:	Group I.D.:						
Start Time:	:	AM/ PM	Length of Service:	Hours:	Minutes	Start Time:	:	AM/ PM	Length of Service:	Hours:	Minutes

Collateral I.D.: \_\_\_\_\_ Telehealth: \_\_\_\_\_ Collateral I.D.: \_\_\_\_\_ Telehealth: \_\_\_\_\_

<b>Medicaid Billing Data</b>	Spenddown:	<b>Medicaid Billing Data</b>	Revision Code:
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<b>TPL Information</b>	TPL:	TPL Payer:	<b>TPL Information</b>	TPL:	TPL Payer:
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TPL Pay Date: / / TPL Pay Date: / /

Dedicated Funding Category: **SELECT ONLY ONE** Dedicated Funding Category: **SELECT ONLY ONE**

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> D = DCFS     | <input type="checkbox"/> D = DCFS     |
| <input type="checkbox"/> L = Gambling | <input type="checkbox"/> L = Gambling |
| <input type="checkbox"/> N = None     | <input type="checkbox"/> N = None     |

EFFECTIVE 07/01/2021 - 06/30/2022